

Medicaid for Employed People with
Disabilities:
2005 Member Profile and Program
Evaluation

Iowa Department of Human Services
Division of Results Based Accountability

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Executive Summary

The Medicaid for Employed People with Disabilities (MEPD) eligibility group is administered by the Iowa Department of Human Services (DHS) to provide health insurance coverage while working. The program seeks to provide incentives for disabled people to begin to work or to increase their hours of work, and also to increase the earned income of enrollees. The MEPD program has an advisory committee made up of consumers and policy makers who provide input and advise on refining the program to achieve these goals.

In the summer of 2005, work began on a second annual member evaluation of MEPD funded by a federal Medicaid Infrastructure Grant. With input from the MEPD Advisory Committee and other policy makers, the DHS Division of Results Based Accountability designed a scientific survey of MEPD members to gauge their satisfaction with various components of the program, as well as their demographic factors and their overall attitudes toward work. The survey was designed to provide data in support of refinements to best achieve the goals of this program. A telephone survey was administered in the fall of 2005 with a sample of 694 MEPD members, utilizing a sampling design that ensured sufficient numbers of members in both the premium-paying and non-premium categories are represented.

The main focus for the 2005 MEPD Member Profile and Program Evaluation is to compare results of the 2005 MEPD member survey with those of 2004 member survey, where appropriate. Relevant differences in members paying premiums compared to members who pay no premium are also discussed.

Prior to each survey, letters were sent out to randomly selected potential survey respondents briefly describing the survey and indicating that they could be called and asked to participate in the survey. A smaller percentage of respondents indicated that they received the letter in 2005 than 2004 (72% vs. 77%).

The number of members increased from 7,111 in August of 2004 to 8,742 in August of 2005, but the percent of members paying a premium remained constant (approximately 23% in both 2004 and 2005). For members paying a premium, the average amount paid per month was about \$46 in 2005, up from \$41 in 2004. The average monthly income also increased from \$950 in 2004 to \$990 in 2005. Half of the 2005 members (50%) were renting a home or apartment, and 39% owned their own home or apartment at the time of the survey. 29% of members were married in 2005, an increase of 2.9% from 2004, and 18.2% of members had children (up from the 15.3% in 2004).

The health of MEPD members, as well as the type of disabilities they have, was also a point of interest. The percent of members who considered their health to be poor or very poor increased from 2004 to 2005 (40% vs. 45%), and more no-premium members considered themselves to be in poor or very poor health than members paying a premium (48% vs. 34%). Most members reported health, physical, or mental health problems as their primary disabilities. In addition, almost 76% of members indicated they had a secondary disability or health condition.

Because one of the main qualifications for the MEPD program is that the person is employed, many survey questions asked members about their work history, attitudes, and experiences. Close to 35% of both the 2004 and 2005 populations were working less than two hours per week (including unemployed members) at the time of the survey. Members paying a premium worked more hours per week than no-premium members. Around half of the 2005 population had or were seeking jobs classified as non-skilled self-employed.

Of the employed members, 31% wanted to be working more within the next year, while 58% of unemployed members indicated they wanted to be working within a year. More unemployed premium-paying members than unemployed no-premium members in 2005 indicated they wanted to be working within a year. Members indicated that the biggest barriers when trying to find a job in 2005 were the availability of jobs (67% felt this was a major or minor barrier) and community attitudes toward disabilities (48% felt this was a major or minor barrier).

Almost all members agreed with the statement, *The MEPD program allows me to work* (almost 95% of members agreed or strongly agreed with this statement in both 2004 and 2005). In addition, most members felt

that the MEPD program allowed them to work more than other Medicaid programs; 80% of members in 2004 and 76% of members in 2005 agreed or strongly agreed with the statement, *The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs*. Members also indicated that, at the time of the survey, they were less concerned about losing their Medicaid than they had been before they enrolled in MEPD.

One of the most important measures of the survey was to determine the overall member satisfaction with MEPD. Almost all members were either satisfied or very satisfied with the MEPD program (92% in 2004 and 94% in 2005). In addition, 97% of members in both 2004 and 2005 agreed or strongly agreed with the statement, *I would recommend the MEPD program to other people with a disability*.

Although most members were very happy with MEPD, 10% of members reported problems with the program in 2005 (a decrease from 13% in 2004). The most commonly reported problems were paperwork issues, trouble staying eligible for the program, billing issues, problems with the DHS caseworker, and unclear explanations of the program. By far, the most frequently suggested improvement was that the program be explained more clearly.

When asked if they were familiar with the MEPD program, 15% indicated that they were not (this number was 19% in 2004), with a larger percent of no-premium members than premium-paying members saying they were unfamiliar with the program in 2005 (18% compared to 7%). Of the members who were familiar with MEPD, 60% first heard about the program from a DHS worker. About 91% of both the 2004 and 2005 members were satisfied with the MEPD enrollment process, with the biggest problem being that the program was not explained clearly enough.

Contents

1	Background and Methodology	10
1.1	Background and Purpose of Study	11
1.2	Methodology	12
2	Member Characteristics	17
2.1	Premiums	18
2.2	Income	21
2.3	Demographics	23
2.4	General Health	30
2.5	Disability Identification	32
3	Work Experiences and Attitudes	36
3.1	Work Status	37
3.2	Work History	41
3.3	Attitudes	49
3.4	Employment Barriers	62
3.5	Work and Medicaid	64
4	Member Satisfaction with MEPD	72
4.1	Overall Satisfaction	73
4.2	Likelihood to Recommend	75
4.3	Positive Comments	77
5	Member Problems and Suggestions	79
5.1	Types of Problems with MEPD	80
5.2	Suggested Improvements	81
6	Intake and Enrollment	83
6.1	Familiarity with MEPD	84
6.2	How Members First Learned of MEPD	86

6.3	Enrollment Satisfaction	87
6.4	Comments on Enrollment	93
A	Pre-Notice Letter	95
B	Survey Instrument	97
C	Responses to Open-Ended Question	111

List of Figures

1.1	Letter Familiarity, by Year	15
2.1	Premium Amounts Paid by MEPD Members, by Year . . .	19
2.2	Average Premium Amounts Paid by Premium-Paying Mem- bers, by Year	20
2.3	Average Monthly Income of MEPD Members, by Year . . .	22
2.4	Age of MEPD Members, by Year	23
2.5	Gender of MEPD Members, by Year	24
2.6	Race/Ethnicity of MEPD Members, by Year	25
2.7	Education Level of MEPD Members, by Year	26
2.8	Living Arrangement of Survey Respondents, 2005	27
2.9	Marital Status of Survey Respondents, by Year	28
2.10	Survey Respondents with Children Living at Home, by Year	29
2.11	Members' Self-Reported Health, by Year	30
2.12	Members' Self-Reported Health, 2005, by Strata	31
2.13	Primary Disability Identification, 2005, by Strata	33
2.14	Secondary Disability Identification, 2005, by Strata	35
3.1	Employment, by Year	37
3.2	Work Intensity, by Year	38
3.3	Work Intensity, 2005, by Strata	39
3.4	Current Job Type, by Strata	40
3.5	Members' Work Status 12 Months Prior to Survey, by Year	41
3.6	Members' Work Status 12 Months Prior to 2005 Survey, by Strata	42
3.7	Current Total Earnings Compared to Previous Earnings, by Year	43
3.8	Current Total Earnings Compared to Previous Earnings, 2005, by Strata	44

3.9	Current Hourly Earnings Compared to Previous Earnings, by Year	45
3.10	Current Hourly Earnings Compared to Previous Earnings, 2005, by Strata	46
3.11	Current Hours Worked Compared to Previous Hours, by Year	47
3.12	Current Hours Worked Compared to Previous Hours, by Strata	48
3.13	Employed Member Attitudes Concerning Current Work Amount, by Year	49
3.14	Unemployed Member Attitudes Concerning Desire to Work, by Year	50
3.15	Unemployed Member Attitudes Concerning Desire to Work, 2005, by Strata	51
3.16	"If I could, I would work more": Agreement Level, by Year	52
3.17	"I just want to work the minimum amount to keep (or get) my Medicaid benefits": Agreement Level, by Year	53
3.18	Reasons for Wanting to Work More, 2005	55
3.19	Other Reasons for Wanting to Work More, 2005	56
3.20	Reasons for Wanting to Work More, by Year	57
3.21	Reasons for Not Wanting to Work More, 2005	59
3.22	Other Reasons for Not Wanting to Work More, 2005	60
3.23	Reasons for Not Wanting to Work More, by Year	61
3.24	Barriers to Employment, 2005	63
3.25	"The MEPD program allows me to work": Agreement Level, by Year	64
3.26	"The MEPD program allows me to work": Agreement Level, 2005, by Strata	65
3.27	"The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs": Agreement Level, by Year	66
3.28	Concern regarding Medicaid Eligibility: Before and After Enrollment, by Year	67
3.29	Concern regarding Medicaid Eligibility: Before and After Enrollment, 2005, by Strata	68
3.30	Change in Concern regarding Medicaid Eligibility: Before and After Enrollment, by Year	69
3.31	Concern regarding Social Security Benefits, 2005, by Strata	70
3.32	Marital Status and Employment of Members' Spouses, by Year	71

4.1	Overall Satisfaction with the MEPD Program, by Year . .	73
4.2	Overall Satisfaction with the MEPD Program, 2005, by Strata	74
4.3	"I would recommend the MEPD program to other people with a disability": Agreement Level, by Year	75
4.4	"I would recommend the MEPD program to other people with a disability": Agreement Level, by Strata	76
4.5	Member Likes About MEPD, 2005	77
5.1	Types of Problems with the MEPD Program, 2005	80
6.1	Respondent Familiarity with MEPD Program, by Year . .	84
6.2	Respondent Familiarity with MEPD Program, 2005, by Strata	85
6.3	How Member First Learned About MEPD, 2005	86
6.4	Satisfaction with Enrollment Process, by Year	88
6.5	Satisfaction with Enrollment Process, 2005	89
6.6	"I'm satisfied overall with the process of enrolling in the MEPD Program": Agreement Level, by Year	91
6.7	"I'm satisfied overall with the process of enrolling in the MEPD Program": Agreement Level, 2005, by Strata . . .	92
6.8	Member Comments on Enrollment, 2005	93

List of Tables

1.1	Sample Configuration	12
5.1	Suggested Improvements, 2005	81
6.1	Drivers of Enrollment Process Satisfaction, 2005	90

Section 1

Background and Methodology

1.1 Background and Purpose of Study

The Iowa Department of Human Services (DHS) operates, among other programs, the Medicaid for Employed People with Disabilities (MEPD) Program. This program allows people with disabilities to maintain a job and still have access to Medicaid assistance. In the spring of 2004 the Iowa DHS identified the need for an annual evaluation of MEPD. After receiving a Federal grant to make this possible, a survey was designed by the DHS **Bureau of Research and Statistics**, with help from the **Division of Medical Services**, the **Division of Financial, Health and Work Supports**, the **Bureau of Community Services**, and the **MEPD Advisory Committee**.

An initial survey of MEPD members was conducted in September and October of 2004. The second survey was conducted in October and November of 2005. Telephone interviews were conducted by the University of Northern Iowa Center for Social and Behavioral Research and the data were analyzed by the Bureau of Research and Statistics at DHS.

The MEPD survey has five main goals:

1. To profile the health and demographic factors of MEPD members.
2. To evaluate the program's accessibility and usability for members.
3. To identify areas in which the program could be improved.
4. To identify member attitudes toward work and profile their experiences with work.
5. To identify relevant trends over time, specifically making important comparisons between the 2004 and 2005 survey results.

In addition to the above goals, the research also investigates differences between MEPD members who pay insurance premiums and those who do not.

The third survey began in March 2007, with results expected in Fall 2007.

1.2 Methodology

1.2.1 Sampling

Program evaluations were collected from a random sample of members using a telephone survey developed especially for the Iowa MEPD program by the DHS Division of Results Based Accountability (RBA), Bureau of Research and Statistics. The sampling procedure and survey questionnaire were designed to collect information from a representative sample of members in the MEPD program. See Appendix B for the survey questionnaire in its entirety. Because a scientific survey method was used, it can be inferred with reasonable certainty that the responses of the members in the sample are representative of all members in the MEPD program.

It was hypothesized that the amount of premium a member must pay in the MEPD program could influence their attitudes toward MEPD and other characteristics. In order to control for this factor, the total population of 8,742 active MEPD members (as of August 12, 2005) was split into two groups, or “strata”. One group of 6,689 members pays no premium for the program, while the remaining 2,053 pay at least some premium for MEPD (between \$24 and \$237 per month). In order to make sure there is good representation in each of these strata, responses were collected from the following numbers of members:

Table 1.1: *Sample Configuration*

Premium Payment Status	Number of MEPD Members	Number of Survey Respondents
Pay No Premium	6,689	365
Pay Some Premium	2,053	329
Total	8,742	694

All results in this report have been weighted to reflect the overall population totals and the relative over-sampling of those members who do pay a monthly premium.

1.2.2 Data Considerations

When viewing and analyzing the charts created in this report, a few factors need to be taken into account. First, the response options “Don’t Know” and “Refused” (referred to as item non-response), as well as questions that were otherwise skipped, are excluded from most charts and calculations. In cases where there is a high percentage of non-response or missing data, it is noted in the text. Second, totals of chart values may not add to 100% either due to rounding or because responses fit into more than one category.

In order to determine statistical significance for differences in year-to-year results, as well as results among strata, statistical tests known as t-tests were performed. For questions involving a response scale, each possible response was assigned a value. Averages for each question were computed. Responses of “Don’t Know” or “Refused” were not used in these calculations. Differences in averages were then tested for significance by t-test for each question between years (if the same question existed in both surveys) and between strata. For example, question six asks, *Before you enrolled in MEPD, were you worried that you could lose your Medicaid if you worked or got a job?* The response “Not at all concerned” was assigned value one, “A little concerned” value two, “Concerned” value three, “Quite concerned” value four, and “Very concerned” value five. The average degree of concern in 2004 was 3.52 and 3.31 in 2005. This result was found to be statistically significant at the .05 level, with the level of concern less in 2005 than in 2004.

It should also be noted that not all respondents answered every question. For example the first survey question is, *Are you familiar with the Medicaid for Employed People with Disabilities, sometimes called M-E-P-D or the “mep-ED” program administered by DHS?* Members who said they weren’t familiar with MEPD were not asked the questions about enrollment or program satisfaction, but were asked the questions about their work experiences, work attitudes, and lifestyles. Therefore some results presented below apply only to participants stating that they are familiar with the MEPD program (mainly in the Intake and Enrollment and Member Satisfaction sections).

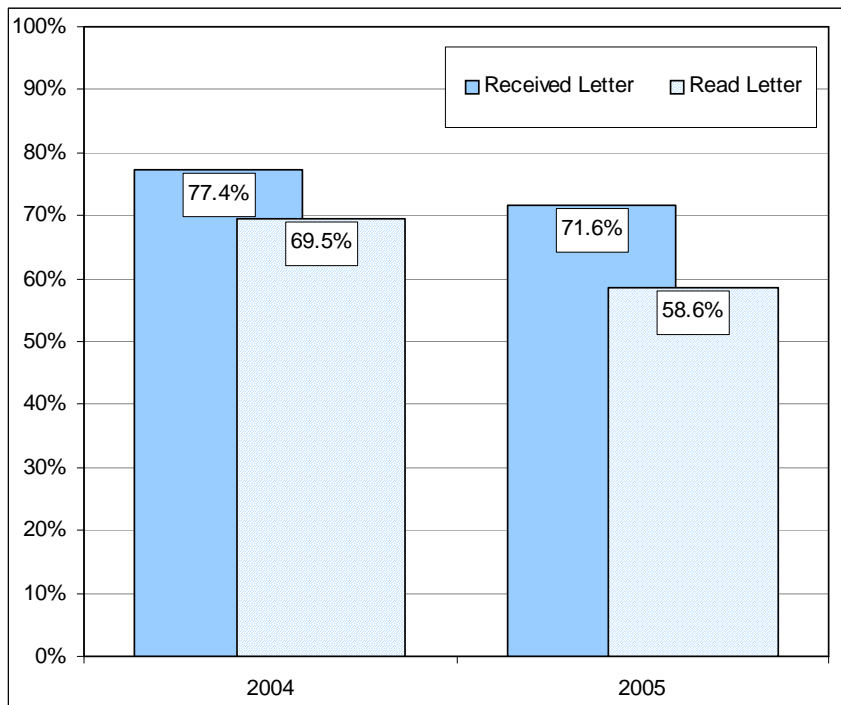
Most of the results in this report illustrate the differences between the results of the 2004 and 2005 surveys. Graphs representing these results

have white backgrounds. For 2005 survey items where significant differences exist between strata (premium payers vs. no-premium members), such differences are noted in the text. Strata statistics are also noted for certain key survey items, regardless of whether significant differences exist; charts describing differences between strata from the 2005 survey have pale yellow backgrounds.

1.2.3 Pre-Notice Letter

Prior to survey participation, each potential respondent was sent a letter briefly describing the survey and indicating they might be asked to participate in it as well. Each respondent was also made aware that survey participation was not required, but would be very helpful. Appendix A contains the text of this letter. When called for the survey, approximately 71.6% of all 2005 potential respondents indicated they received the letter and 58.6% indicated they had also read the letter. This is a decrease from 2004 when 77.4% of all potential respondents acknowledged receiving the letter with 69.5% reading it. See Figure 1.1.

Figure 1.1: *Letter Familiarity, by Year*



Potential respondents who indicated they did not receive the letter (22.6% of 2004 and 28.4% of 2005 respondents) were then asked if they would like the letter read to them. The majority of those who did not receive the letter wanted the letter read to them in both 2004 (77.3%) and 2005 (84.4%). Most other potential respondents did not care to hear the letter,

but still wanted to continue with the survey (21.0% in 2004 and 15.6% in 2005).

Section 2

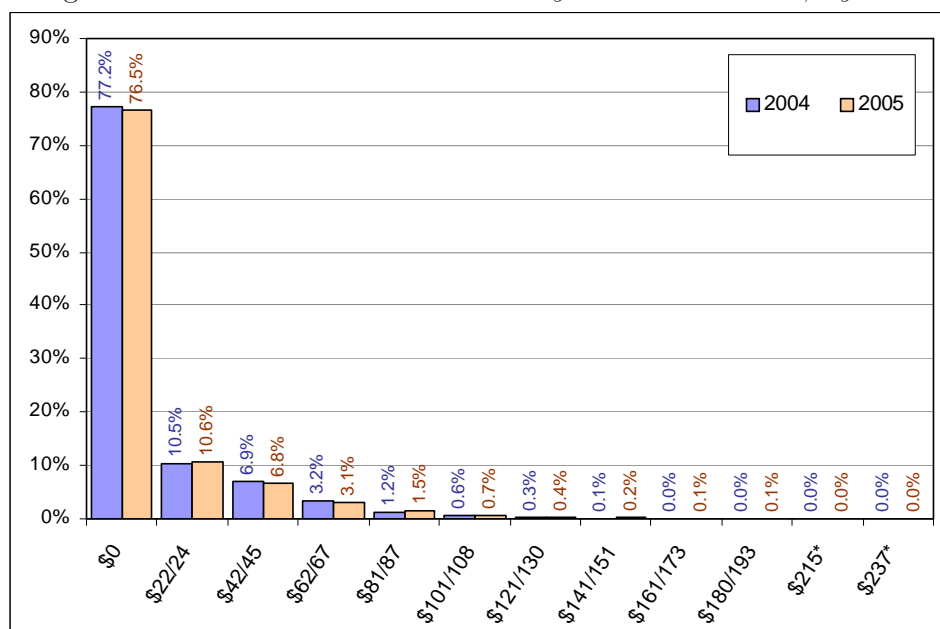
Member Characteristics

In order to compare the 2004 and 2005 member bases, as well as to see how well the survey sample represents the overall MEPD member population, the following section outlines key demographics and characteristics of the 2005 survey respondents and population, as well as some year to year comparisons.

Data on premiums, income, age, gender, race/ethnicity, and education come from the member population database. Data on living arrangement, marital status, children, and health/disabilities were collected from survey respondents only.

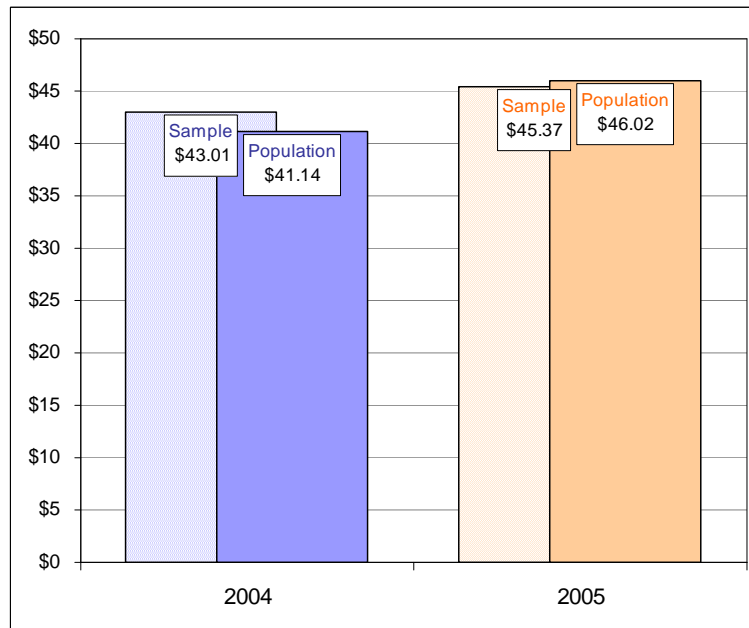
2.1 Premiums

Figure 2.1 shows the frequencies of the corresponding premium amounts of August 2004 and August 2005. The distributions of premiums paid by members are nearly identical for both the 2004 and 2005 populations and the 2004 and 2005 samples. Only about 23% of members paid a premium in both 2004 (22.84%) and 2005 (23.48%). Of the members who paid a premium, the monthly amounts varied slightly between the two years. In 2004, members paid premiums ranging from \$22 to \$180. The premium amounts increased slightly in 2005, ranging from \$24 to \$237. It should also be noted that the two highest premium amounts (\$215 and \$237) in Figure 2.1 were charged only in 2005, with no corresponding premium amounts for 2004.

Figure 2.1: *Premium Amounts Paid by MEPD Members, by Year*

Because of the increase in premium amounts, members paying a premium paid more on average in 2005 than 2004. In August 2005, premium-paying members paid an average premium amount of \$46.02 while the August 2004 premium-paying members paid an average of \$41.14. The sample averages were very similar to these values (\$45.37 in 2005 and \$43.01 in 2004). See Figure 2.2.

Figure 2.2: *Average Premium Amounts Paid by Premium-Paying Members, by Year*



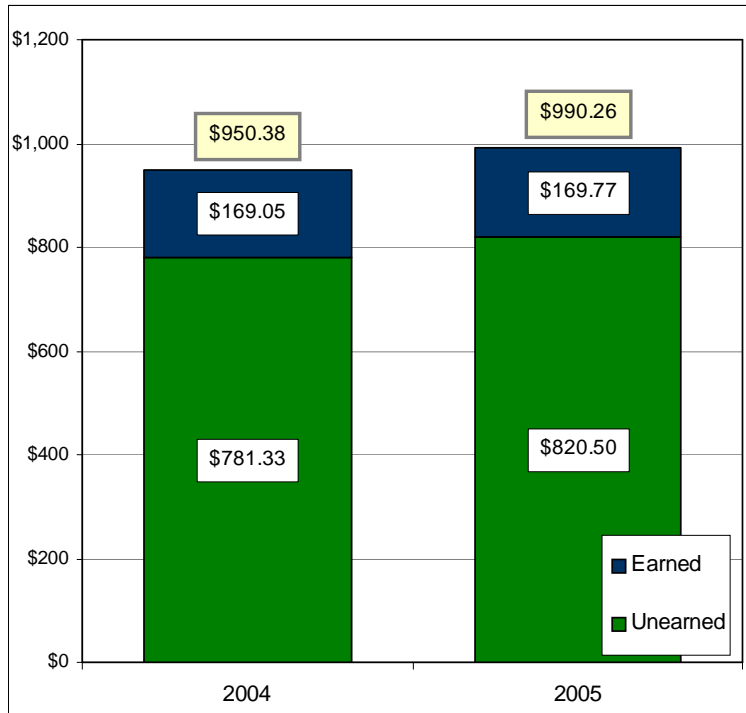
2.2 Income

MEPD members in 2005 had an average monthly income of around \$990. Of this amount, approximately \$170 was earned income and \$820 was unearned income. The year before, members had an average monthly income of approximately \$950, of which around \$169 was earned income and just over \$781 was unearned income. This is illustrated in Figure 2.3. Average total income increased by 4.2%, average earned income increased by 0.4%, and average unearned income increased by 5.0%.

However, *median* income – the amount that half the members earned more than – paints a somewhat different picture. In 2004, the median total income was around \$913 per month (meaning that half the members made more than \$913 per month, and half made less); in 2005, the median was \$936, a rise of 2.5%. Median earned income dropped 9.6%, from \$44.25 to \$40.00. Median unearned income rose 3.6%, from \$757 to \$784.

Both the 2004 and 2005 samples closely mirror all of the values stated above.

Figure 2.3: *Average Monthly Income of MEPD Members, by Year*



2.3 Demographics

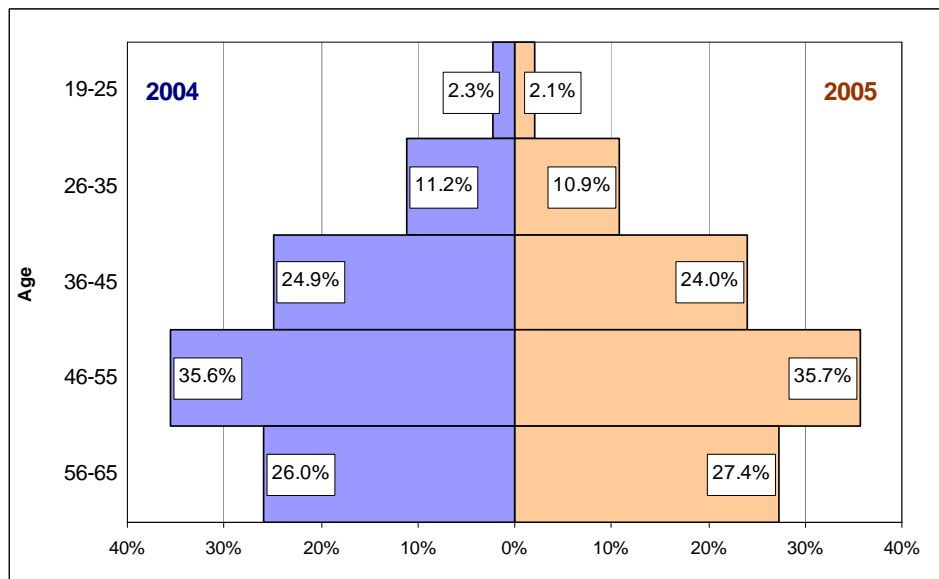
2.3.1 Age

The age distributions are also very similar for all members in 2004 and 2005, as shown by Figure 2.4. In 2005, 87.0% of members were at least 36 years old. This is a slight increase from 2004 in which 86.5% of members were at least 36 years old. In addition, the average ages are also very comparable between the two years.

The average age of members was approximately 48.3 in 2004 and 48.7 in 2005. Only those under age 65 are eligible for MEPD. The sample closely mirrors the overall member population, with just a slight over-representation of older individuals (those age 56-65). The average age of survey respondents was approximately 49.3 in 2004 and 49.9 in 2005.

On average, premium payers tended to be around 0.4-0.5 years older than no-premium members.

Figure 2.4: *Age of MEPD Members, by Year*

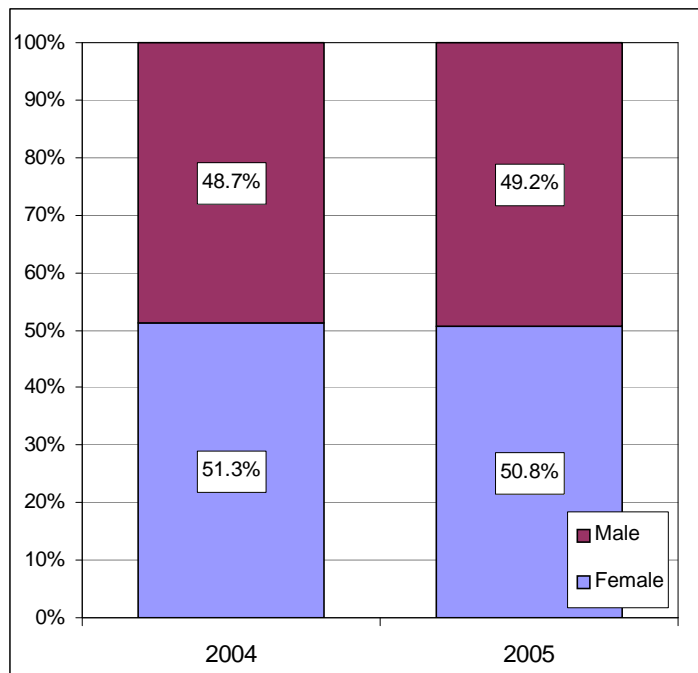


2.3.2 Gender

The population of all MEPD members (as of August, 2005) was 51.3% female, a slight increase from 50.8% in 2004. The survey respondents were 56.5% female, slightly higher than the 55.8% in 2004. See Figure 2.5. Females made up a slightly larger proportion of the sample than might be expected from the population (particularly among no-premium members). This is not unexpected in a survey conducted by telephone.

Members paying a premium were more likely to be male. In 2005, 56.8% of premium-paying members were male, while 46.2% of no-premium members were male. (*Not shown*)

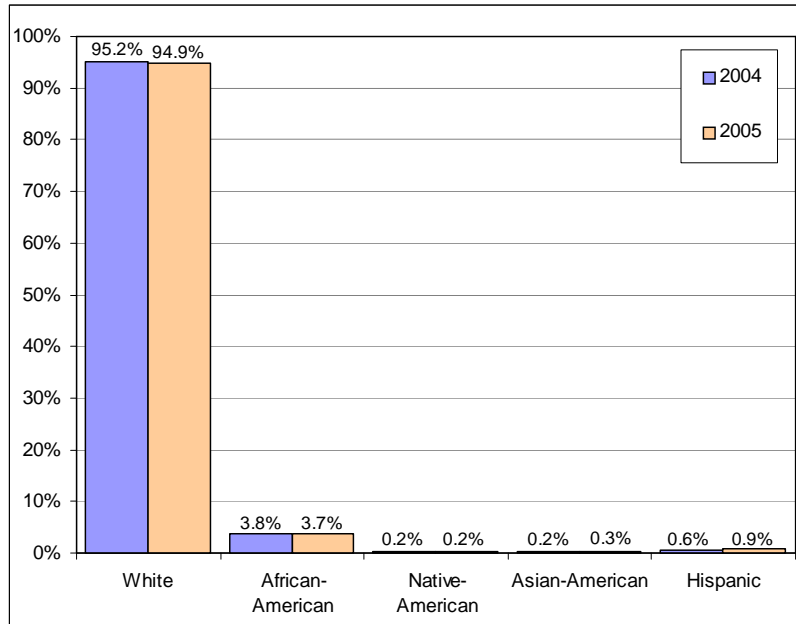
Figure 2.5: *Gender of MEPD Members, by Year*



2.3.3 Race/Ethnicity

The racial/ethnic makeup of the 2004 and 2005 MEPD populations are illustrated in Figure 2.6. The makeup is nearly identical between the two years with nearly 95% of both populations being white. Data are incomplete for approximately one-quarter of both populations (23.9% for 2004 and 26.3% for 2005). The survey respondents have a very similar racial makeup compared to the population, except with a slightly higher percentage of “unknowns” (24.9% for 2004, 29.0% for 2005).

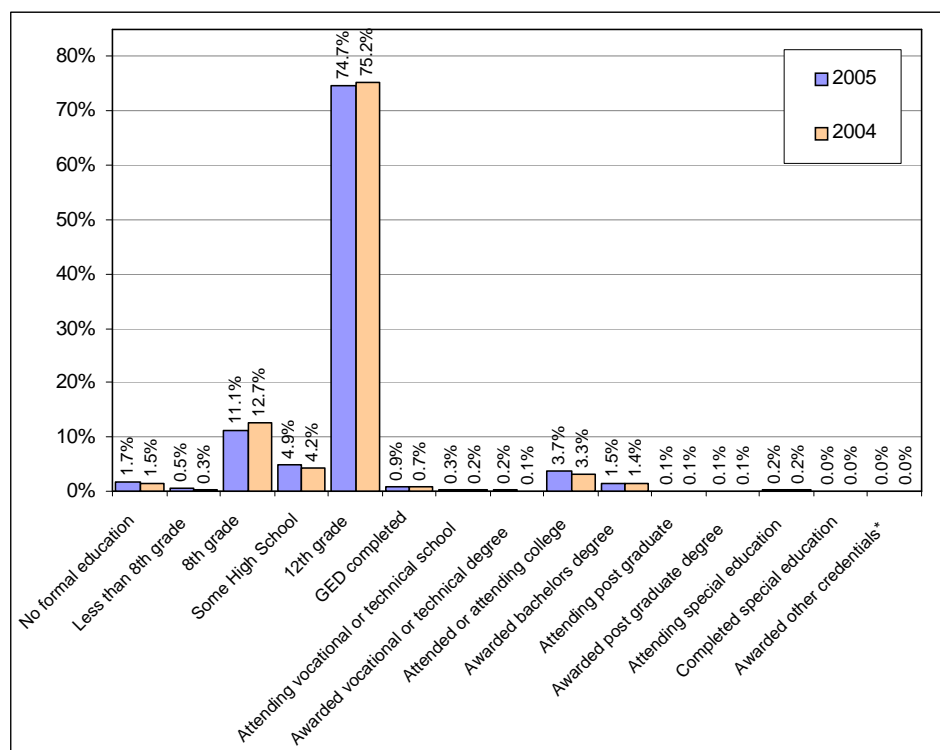
Figure 2.6: *Race/Ethnicity of MEPD Members, by Year*



2.3.4 Education

Approximately four-fifths of both the 2004 and 2005 MEPD member populations have completed high school or obtained a GED (81.3% in 2004, 81.8% in 2005), although data are incomplete for at least one-fourth of the members in each year (25.8% in 2004, 30.0% in 2005). The percentage of the U.S. general population with at least a high school diploma or GED was 86.4% in 2004 and 86.3% in 2005 (Source: U.S. Census Bureau, Current Population Survey). In both years, survey respondents had basically the same education levels as the MEPD population, meaning that respondents are representative of all members with regard to education. The distribution of education levels for both 2004 and 2005 member populations can be seen in Figure 2.7.

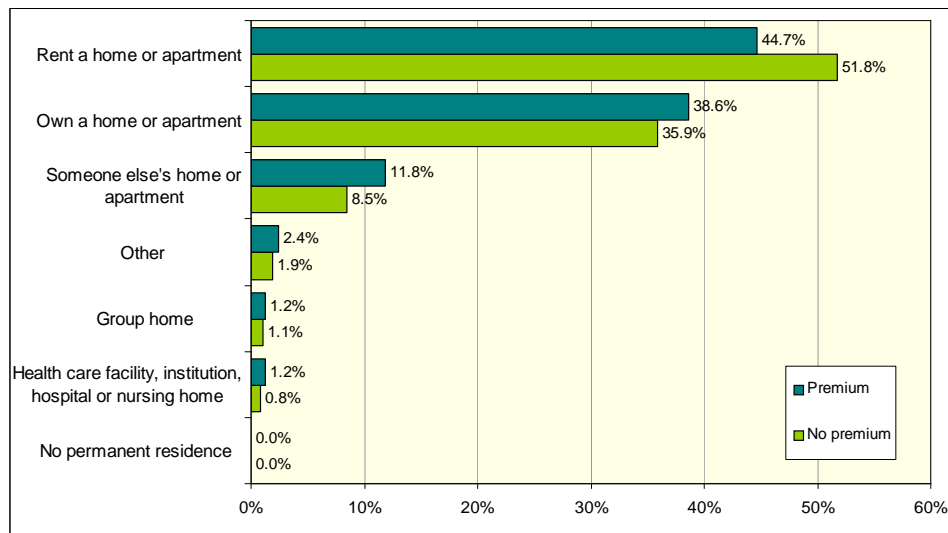
Figure 2.7: *Education Level of MEPD Members, by Year*



2.3.5 Living Arrangement

Figure 2.8 shows the living arrangements of the 2005 survey respondents. Slightly over half of respondents (50.1%) were renting a home or apartment at the time of the survey. This response option was not offered on the 2004 survey.

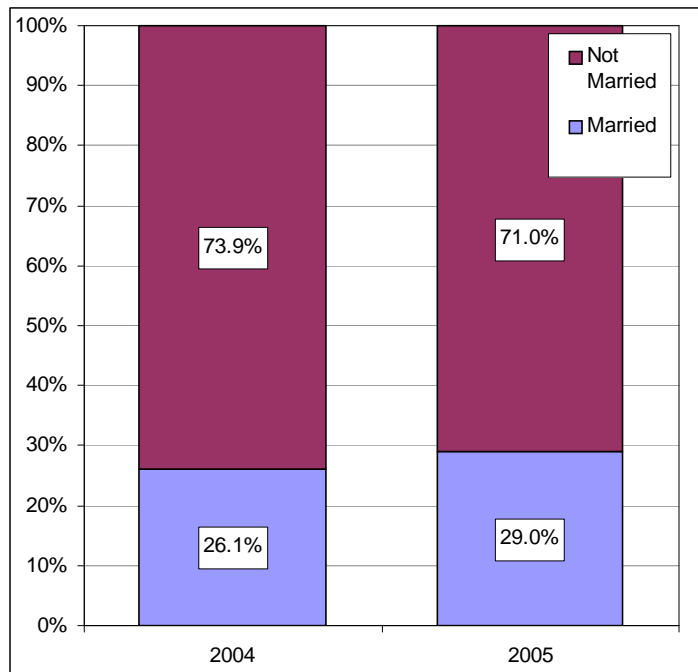
Figure 2.8: *Living Arrangement of Survey Respondents, 2005*



2.3.6 Marital Status

Respondents were asked their current marital status. 29.0% of respondents in 2005 were married, a slight increase from 26.1% in 2004. Results from the 2005 survey show that 24.3% of premium-paying respondents and 30.4% of respondents who pay no premium are married. This is illustrated in Figure 2.9.

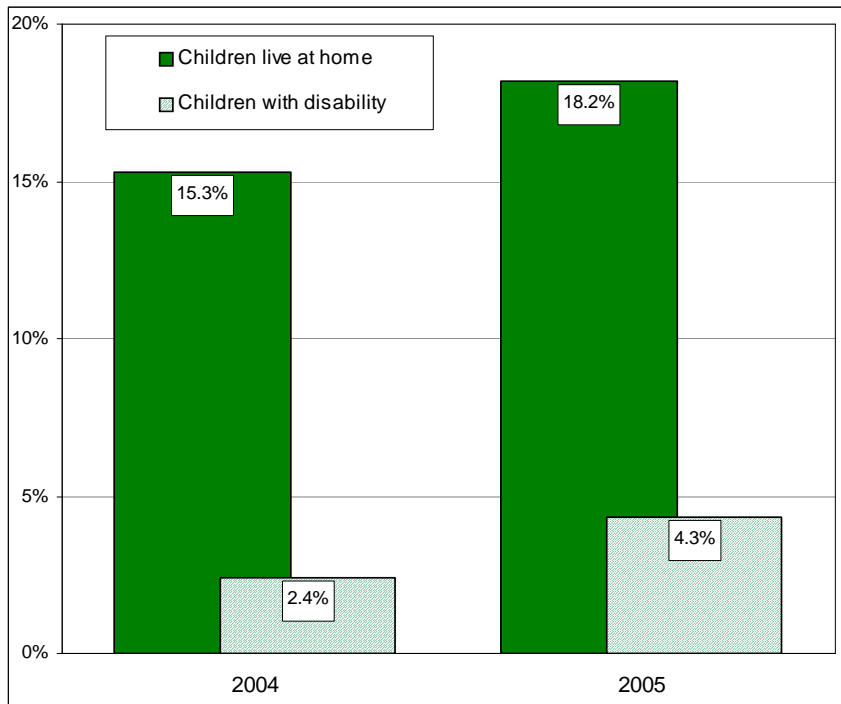
Figure 2.9: *Marital Status of Survey Respondents, by Year*



2.3.7 Children

Overall, 18.2% of respondents had children living at home in 2005 (in 2004 this figure was 15.3%). Those respondents who had children at home were asked if they have a child with a disability. Of those respondents with children at home, 23.9% had a child with a disability, compared to 15.7% in 2004 as depicted in Figure 2.10.

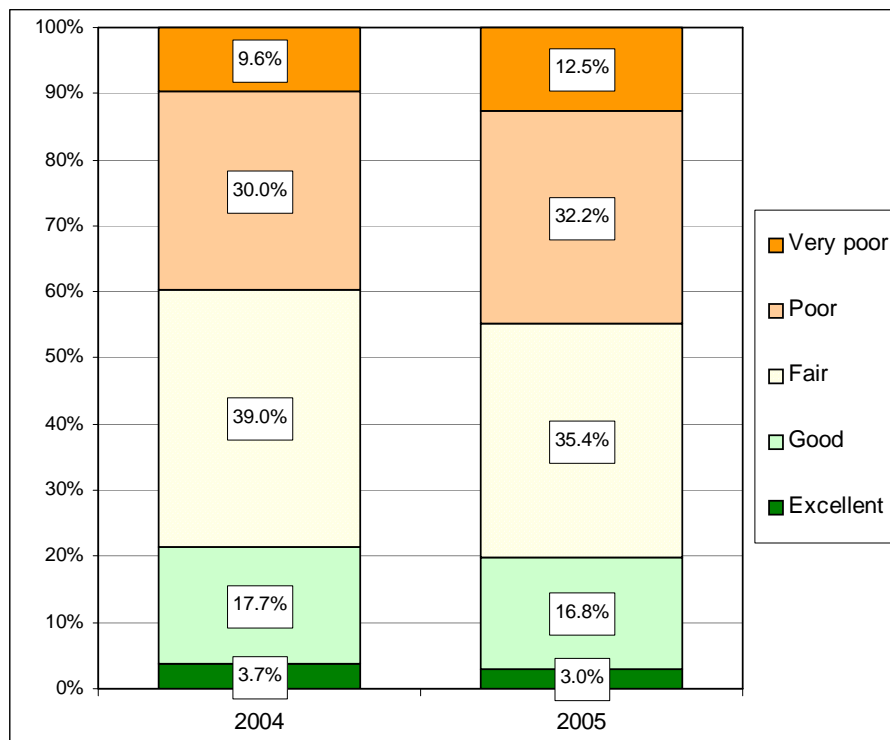
Figure 2.10: *Survey Respondents with Children Living at Home, by Year*



2.4 General Health

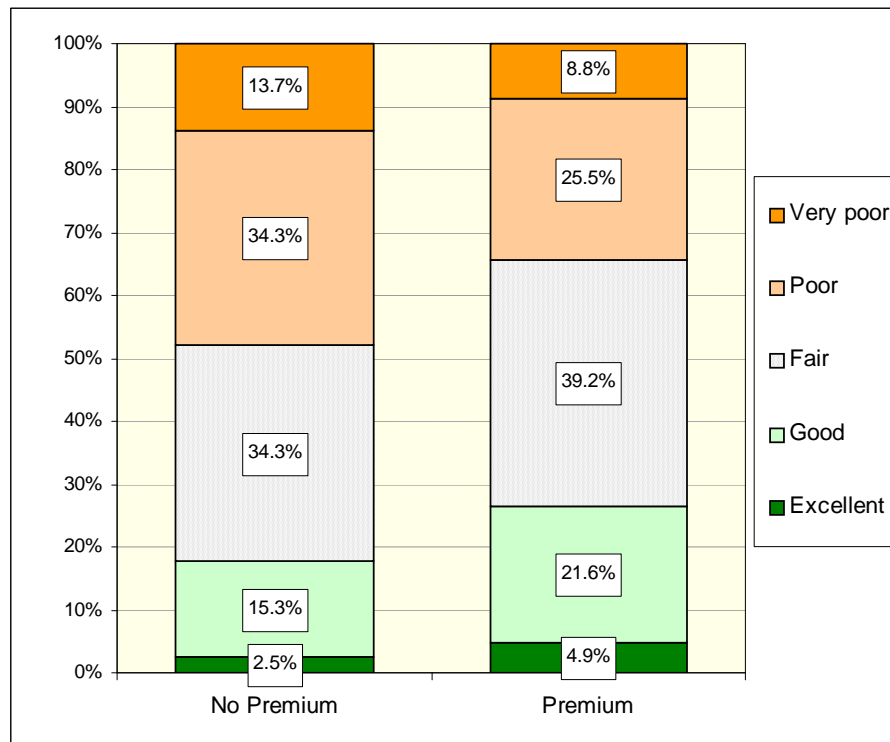
Respondents were asked to rate their general health on a five-point scale, ranging from Excellent to Very Poor. Figure 2.11 shows that the distributions for 2004 and 2005 are very similar. There is a slight increase (5.1%) from 2004 to 2005 of members who considered their health to be poor or very poor.

Figure 2.11: *Members' Self-Reported Health, by Year*



Respondents paying a premium in the MEPD program in 2005 rated their overall health better than those not paying a premium. For premium-paying respondents, 26.5% considered their health to be Good or Excellent, while only 17.8% of respondents not paying a premium classified their health this way. In addition, 34.3% of premium-paying respondents felt their health is Poor or Very Poor, a much smaller percentage than the 48.0% of respondents not paying a premium who felt this way. These results are shown in Figure 2.12.

Figure 2.12: Members' Self-Reported Health, 2005, by Strata

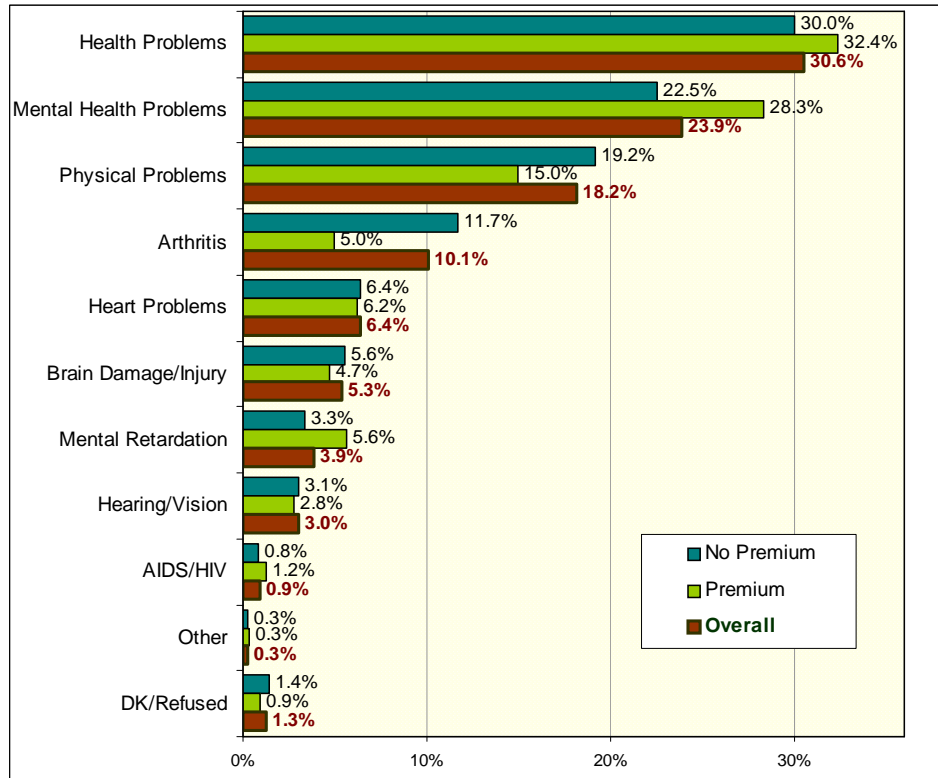


2.5 Disability Identification

Respondents were asked whether or not they had a disability. Nearly all of the respondents from both years indicated they did (99.3% in 2004, 98.7% in 2005). In addition, approximately 76% of both the 2004 and 2005 respondents indicated they had a secondary disability or condition.

2.5.1 Primary Disability

Respondents indicating they were disabled were asked what their disabilities were. In 2005, the majority of respondents had primary disabilities that could be classified as general health (30.6%), mental health (23.9%), or physical (18.2%) problems, as can be seen in Figure 2.13. The most common specific conditions listed were arthritis (10.1%) and heart problems (6.4%). Many respondents suffering from mental health problems listed depression or schizophrenia as primary disabilities (not shown separately). More no-premium respondents than premium-paying respondents listed physical problems as primary disabilities (19.2% vs. 15.0%), while more premium-paying members listed mental health problems (28.3% vs. 22.5%).

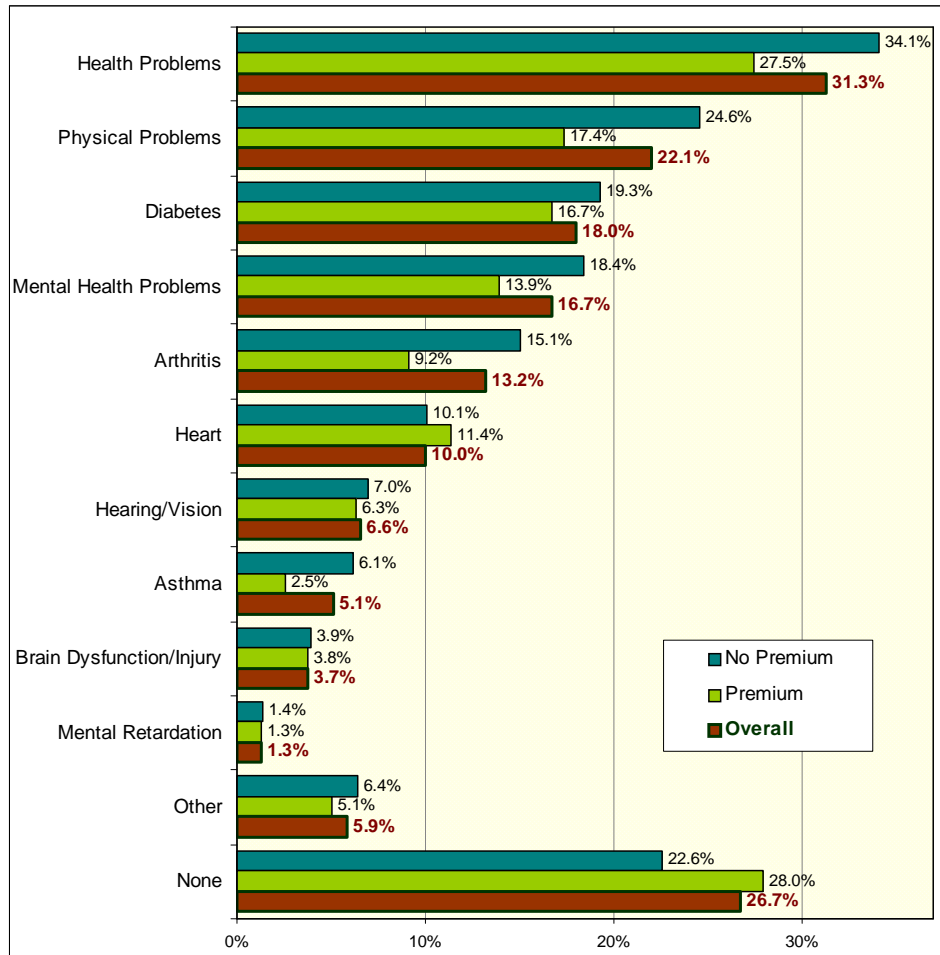
Figure 2.13: *Primary Disability Identification, 2005, by Strata*

Asthma and diabetes are included in the Health Problems category.

Only 1.3% of respondents refused to describe their disabilities or did not know what their disabilities were. Because some respondents described more than one type of disability, the overall percentage is greater than 100%. All verbatim responses can be found in Appendix C of this report.

2.5.2 Secondary Disability

Respondents were also asked to list any additional disabilities or medical conditions they had aside from their primary disabilities. Approximately three-quarters of respondents indicated that they had secondary disabilities (72.0% of premium payers and 76.7% of no-premium respondents). Nearly one out of three members had general health conditions apart from their primary disability; nearly one in four had general physical problems apart from their primary disability; and nearly one in five reported diabetes as a secondary disability. More no-premium respondents than premium-paying respondents listed multiple types of secondary disabilities. Among those with secondary disabilities, no-premium members were more likely than premium-payers to list asthma and arthritis, while premium-paying members were more likely to list heart problems. See Figure 2.14. Nobody reported AIDS/HIV as their secondary disability.

Figure 2.14: *Secondary Disability Identification, 2005, by Strata*

Section 3

Work Experiences and Attitudes

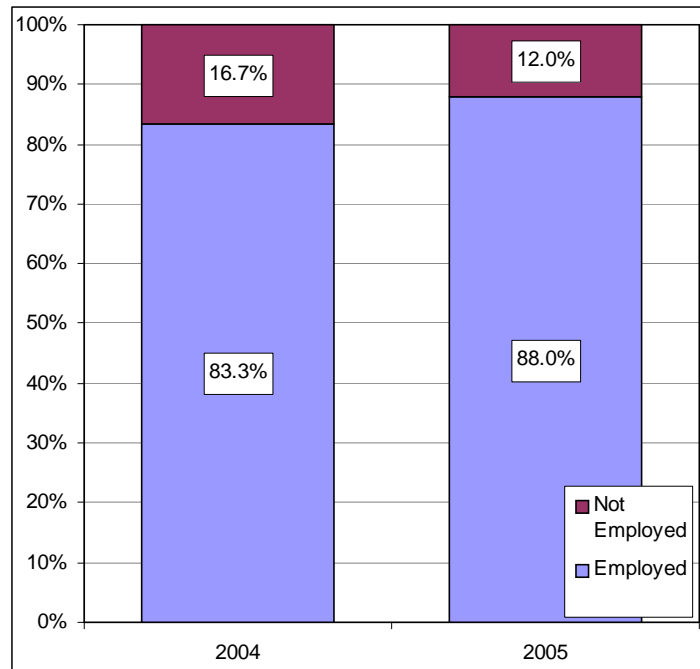
Unless otherwise noted, results in this section apply to all respondents.

3.1 Work Status

3.1.1 Employment

The vast majority of respondents were employed in 2005 (88.0%, up from 83.3% in 2004) as shown in Figure 3.1. Although it is required that a person has a job to enroll in the MEPD program, if s/he becomes unemployed after enrollment, s/he has six months to find another job before removal from the program occurs.

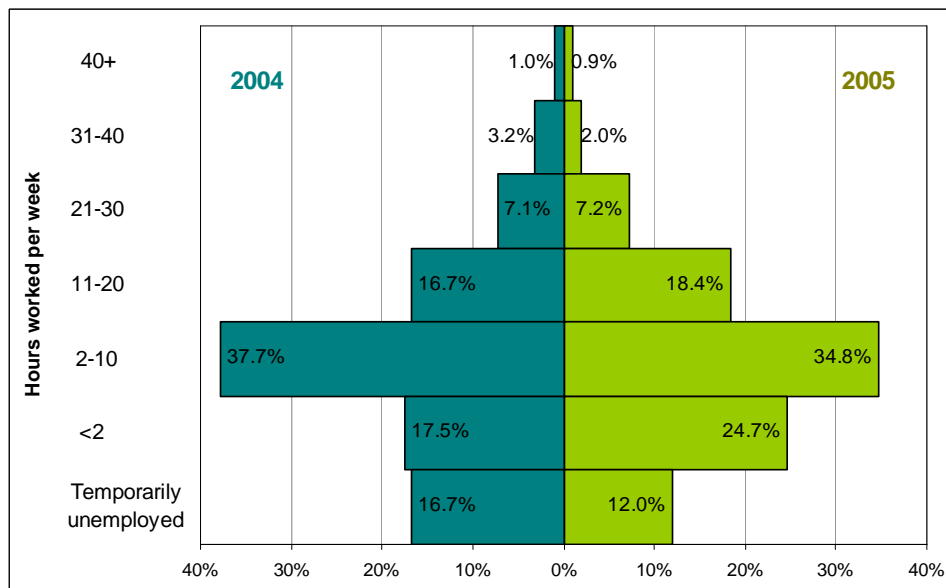
Figure 3.1: *Employment, by Year*



3.1.2 Work Intensity

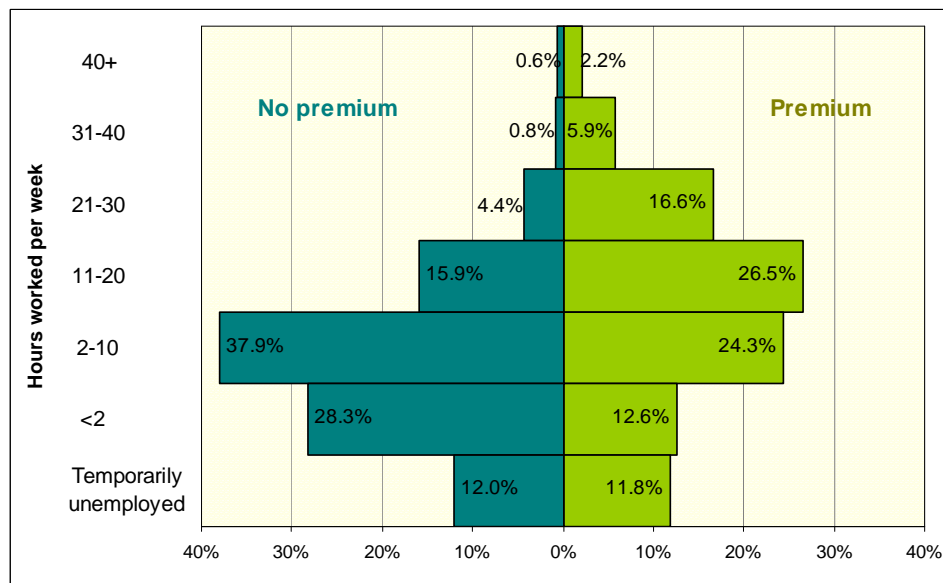
A larger proportion of members were working less than two hours a week in 2005 compared to 2004. The other response categories have similar results between the two years. This suggests that the work intensity of employed MEPD members was slightly less in 2005 than 2004. See Figure 3.2.

Figure 3.2: *Work Intensity, by Year*



The employment rate in 2005 was virtually the same for members paying a premium (88.2%) as it was for members not paying a premium (88.0%). However, the average employed MEPD member not paying a premium was working between 2 and 10 hours per week, while the average employed MEPD member paying a premium was working between 11 and 20 hours per week. The overall average was between 2 and 10 hours. Figure 3.3 shows that 21.7% of no-premium members were working more than 10 hours per week, compared to 51.2% of premium-paying members.

Figure 3.3: *Work Intensity, 2005 by Strata*

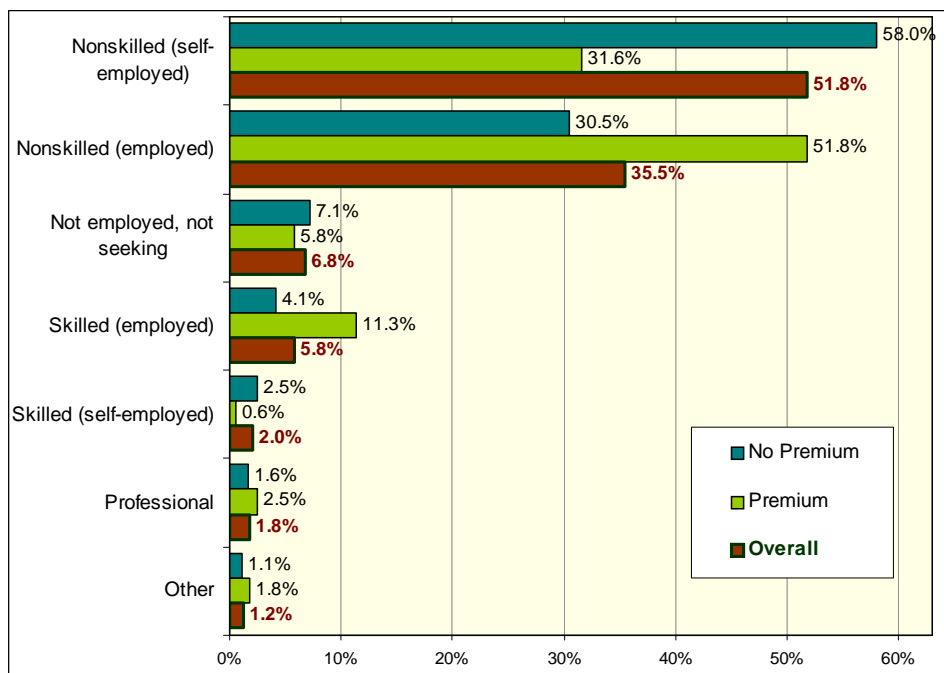


3.1.3 Current Job

Respondents were asked what their current job was (or, if not employed, what job they were seeking). Half of the jobs could be categorized as nonskilled self-employed in 2005. (See Figure 3.4). This category covers a wide variety of work, such as childcare, housework, and providing transportation. Much of this work is done for family, friends and neighbors. Most of the rest of the jobs (35.5%) could be characterized as nonskilled employed; examples of this category are clerical, food service, and labor.

A significantly higher percentage of the no-premium group were involved in self-employed nonskilled jobs compared to premium payers. Premium paying members were more likely than no-premium members to be in skilled and employed nonskilled jobs.

Figure 3.4: *Current Job Type, by Strata*

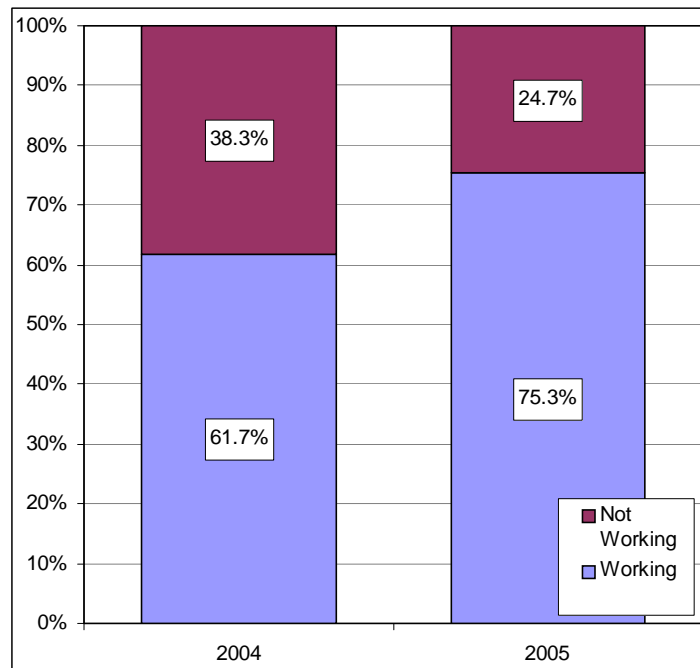


3.2 Work History

3.2.1 Employment Status

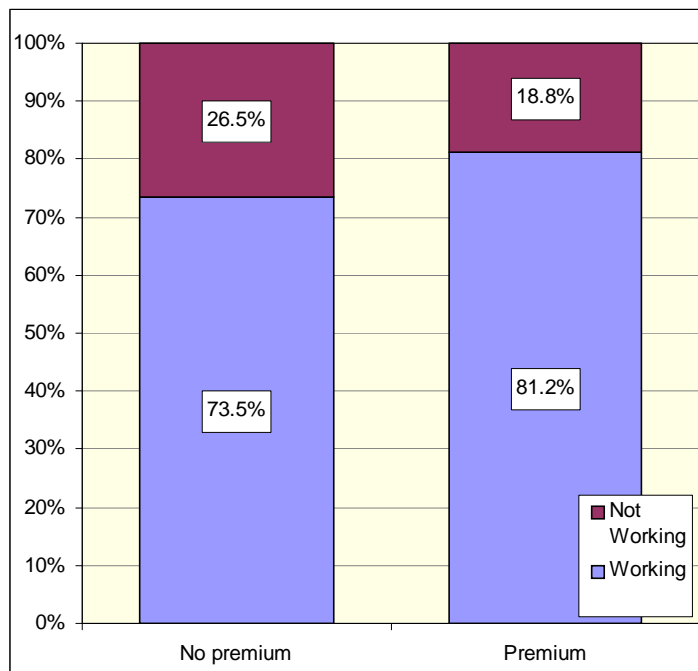
To get an idea of work history, respondents were asked, *Were you working for pay 12 months ago?* Results are shown in Figure 3.5. In the 2005 survey, 75.3% answered Yes. This is a significant increase from the 2004 survey, when 61.7% of respondents answered Yes.

Figure 3.5: *Members' Work Status 12 Months Prior to Survey, by Year*



On the 2005 survey, respondents paying a premium were somewhat more likely than no-premium respondents to have a work history, with 81.2% answering Yes, compared to 75.3% for the no-premium group, as illustrated in Figure 3.6.

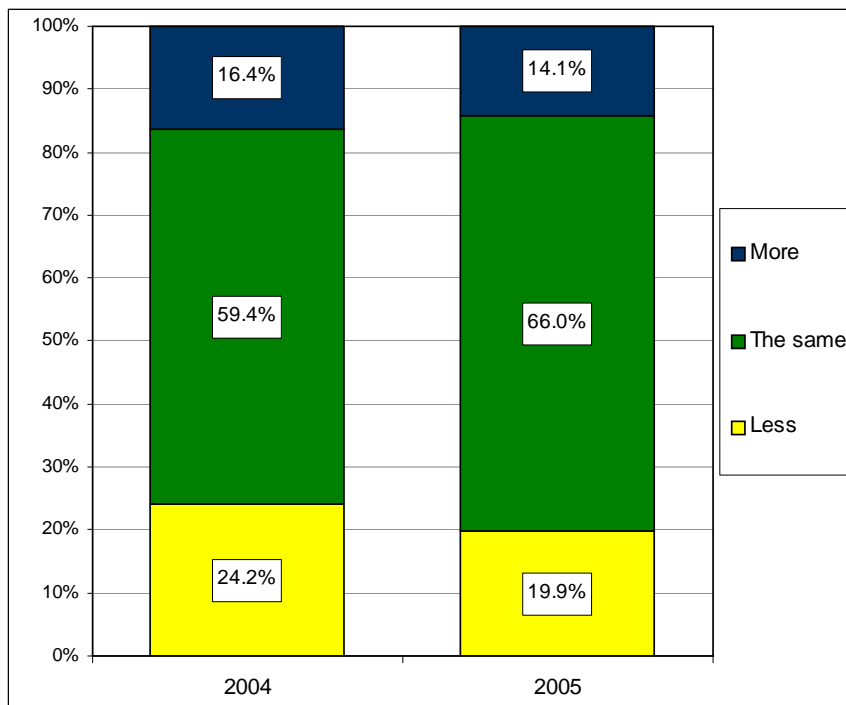
Figure 3.6: *Members' Work Status 12 Months Prior to 2005 Survey, by Strata*



3.2.2 Total Earnings

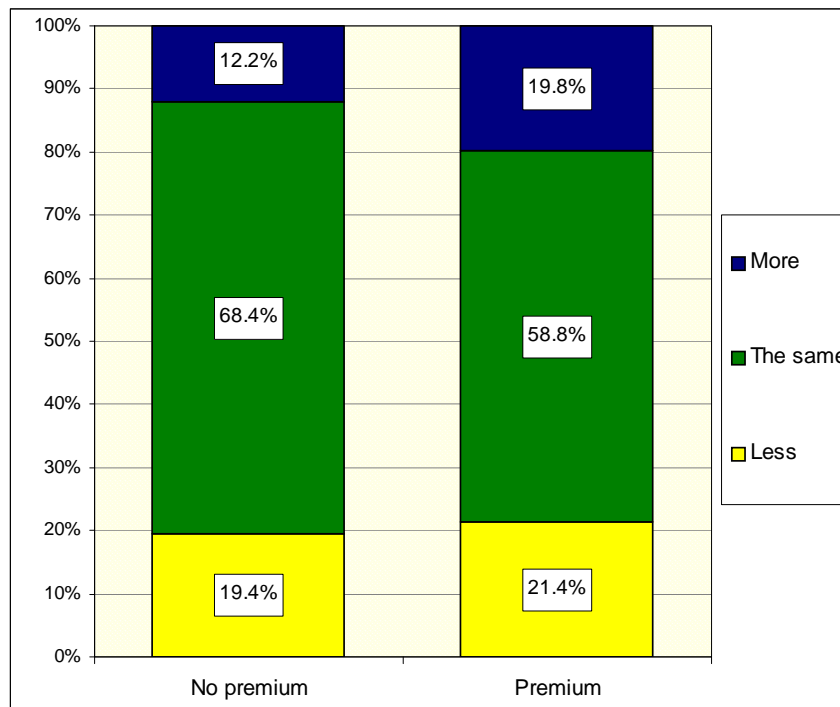
Members who had been working 12 months prior to the survey were asked, *Do you earn more, less, or about the same as you did 12 months ago?* On the 2005 survey, 14.1% said they were earning more than they had been a year before, 19.9% said they were earning less, and the remaining 66.0% said they were earning about the same. This is very similar to the 2004 respondents where 16.4% of respondents were earning more, 59.4% were earning the same, and 24.2% were earning less than 12 months prior to the survey. See Figure 3.7.

Figure 3.7: *Current Total Earnings Compared to Previous Earnings, by Year*



A greater percentage of premium payers than no-premium members said they were earning more at the time of the 2005 survey than they did the year before – 19.8% compared to 12.2%. Figure 3.8 presents results for no-premium and premium-paying member groups.

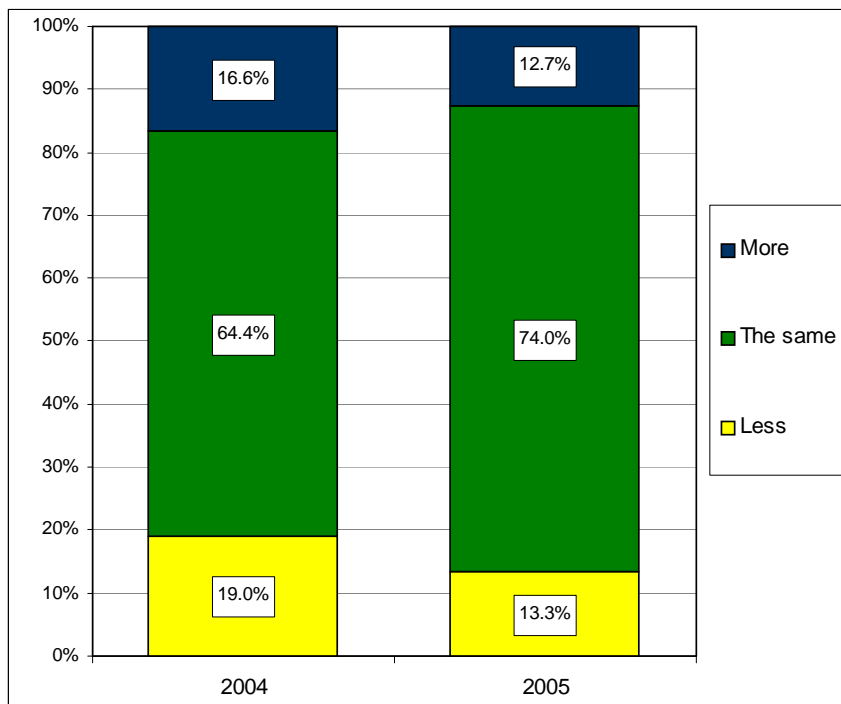
Figure 3.8: *Current Total Earnings Compared to Previous Earnings, 2005, by Strata*



3.2.3 Hourly Earnings

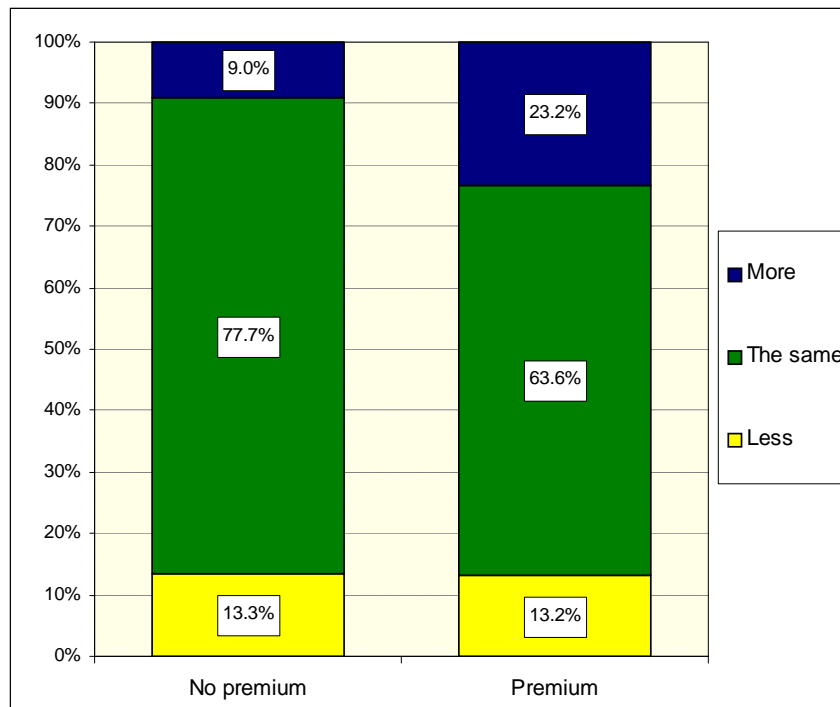
Respondents who had been working 12 months prior to the survey were also asked if their current hourly wage rate was greater than, less than, or about the same as it had been one year before. Figure 3.9 shows that for 2005, 13.3% of MEPD enrollees reported a decrease in their hourly wages over the 12-month period, while wage rates increased for 12.7% of MEPD members, and stayed the same for the remaining 74.1%. Compared to the 2005 survey, the 2004 respondents reported a smaller percentage of no change in their hourly wage rate (64.4%) and higher percentages of both hourly wage rate increase and decrease (16.6% and 19.0%, respectively) compared to 12 months prior.

Figure 3.9: *Current Hourly Earnings Compared to Previous Earnings, by Year*



In 2005, as seen in Figure 3.10, members paying a Medicaid premium in the MEPD program were more likely than their no-premium counterparts to report that their hourly wages had increased (23.2%, compared to 9.0%).

Figure 3.10: *Current Hourly Earnings Compared to Previous Earnings, 2005, by Strata*



3.2.4 Hours Worked

Figure 3.11 illustrates the number of hours respondents worked at the time of each survey, compared to a year earlier. About 10.5% of 2005 MEPD enrollees reported working more hours at the time of the survey than they had been 12 months before, while 19.1% reported working fewer hours. This is an increase from the 2004 sample, where only 8.9% of respondents indicated they were working more hours and 29.2% reported they were working less hours than 12 months before the survey.

Figure 3.11: *Current Hours Worked Compared to Previous Hours, by Year*

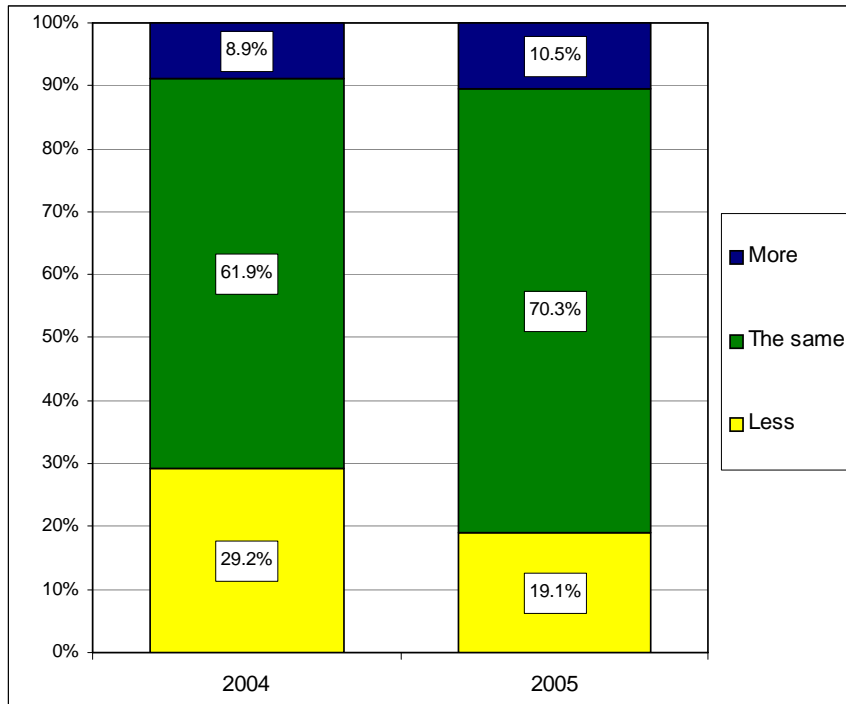
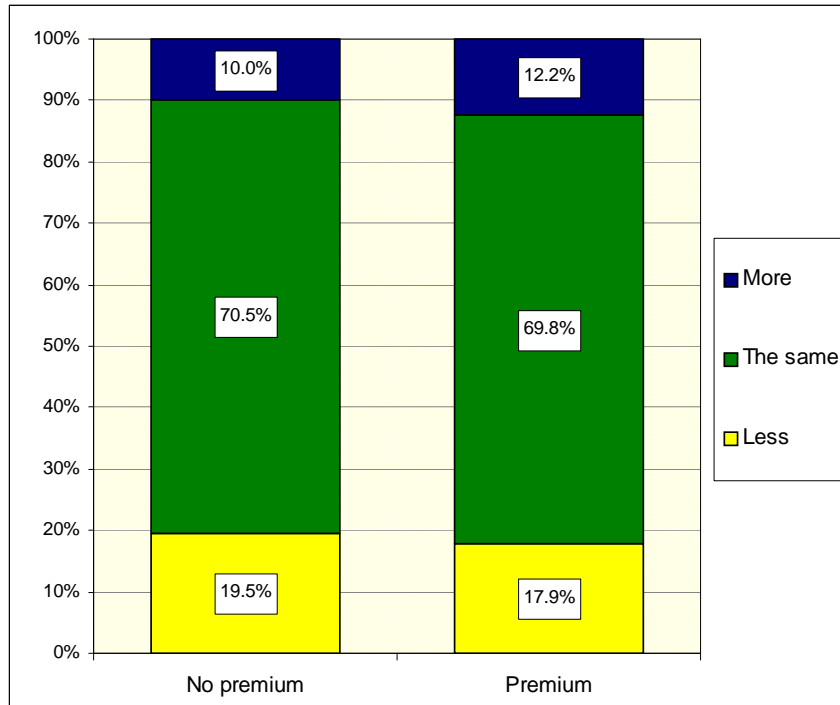


Figure 3.12 shows that there was no significant difference between strata in 2005.

Figure 3.12: *Current Hours Worked Compared to Previous Hours, by Strata*

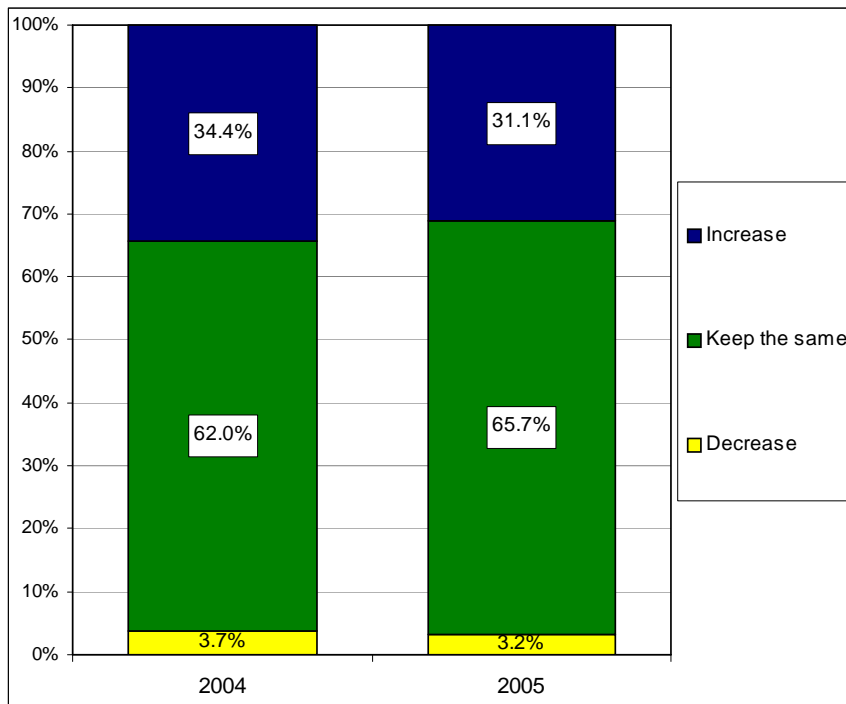


3.3 Attitudes

3.3.1 Current Work Amount

Among the 2005 respondents saying they were employed, 31.1% indicated they wanted to increase their work hours, while 3.2% wished to decrease their hours and 65.7% wished to keep the same number of hours. This is very similar to the responses in 2004, where 34.4% wanted to increase their work hours, 3.7% wanted a decrease, and 62.0% wanted to work the same amount. See Figure 3.13

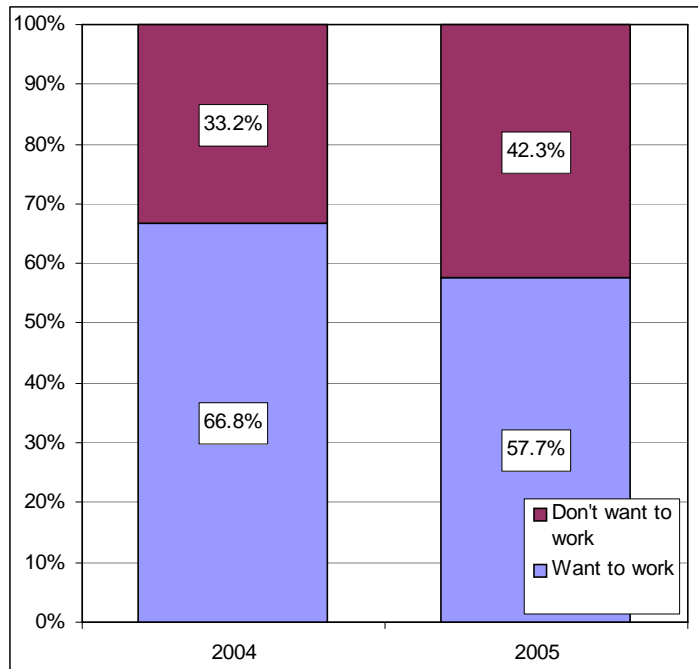
Figure 3.13: *Employed Member Attitudes Concerning Current Work Amount, by Year*



3.3.2 Desire to Work

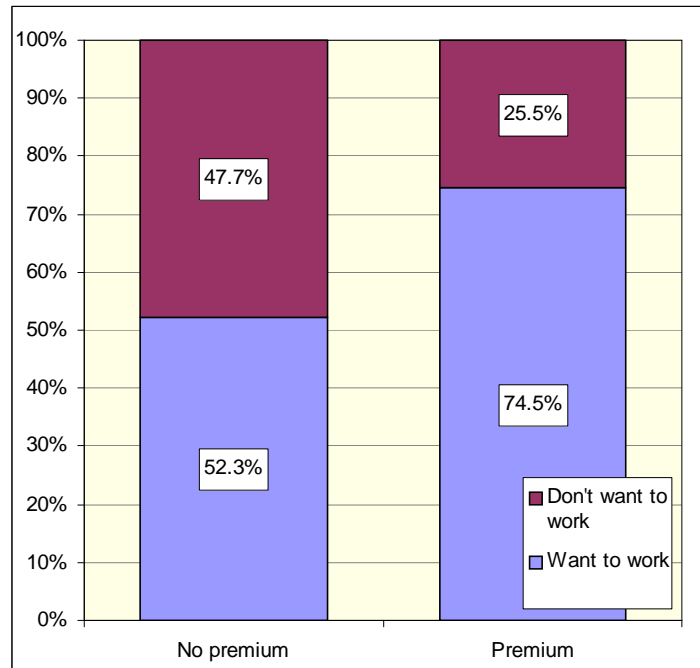
In 2005, among unemployed respondents, 57.7% said they wanted to be working during the next year. This is a decrease from the 66.8% from 2004, but because of the small number of respondents for this question, these results are not significantly different. This is shown in Figure 3.14

Figure 3.14: *Unemployed Member Attitudes Concerning Desire to Work, by Year*



Also among the 2005 unemployed respondents, 74.5% of those paying a premium indicated they wanted to be working over the next year, which is significantly higher than the 52.3% of no-premium members (see Figure 3.15)

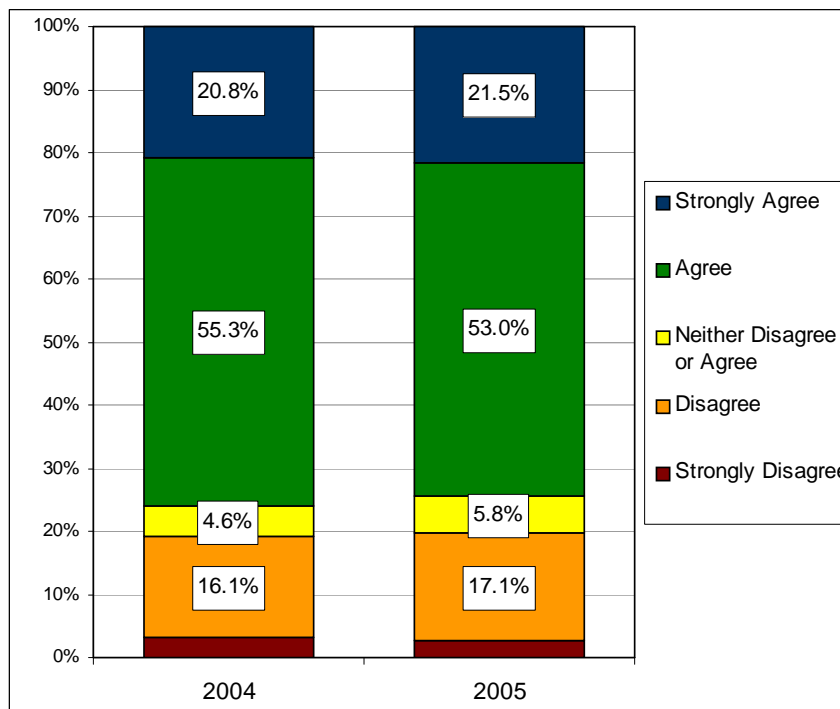
Figure 3.15: *Unemployed Member Attitudes Concerning Desire to Work, 2005, by Strata*



3.3.3 “If I could, I would work more.”

Three quarters of members (74.5%) agreed or strongly agreed with the statement, *If I could, I would work more*. This is around the same as it was in 2004 (76.1%). (Only those respondents familiar with the MEPD program were asked this question.) See Figure 3.16.

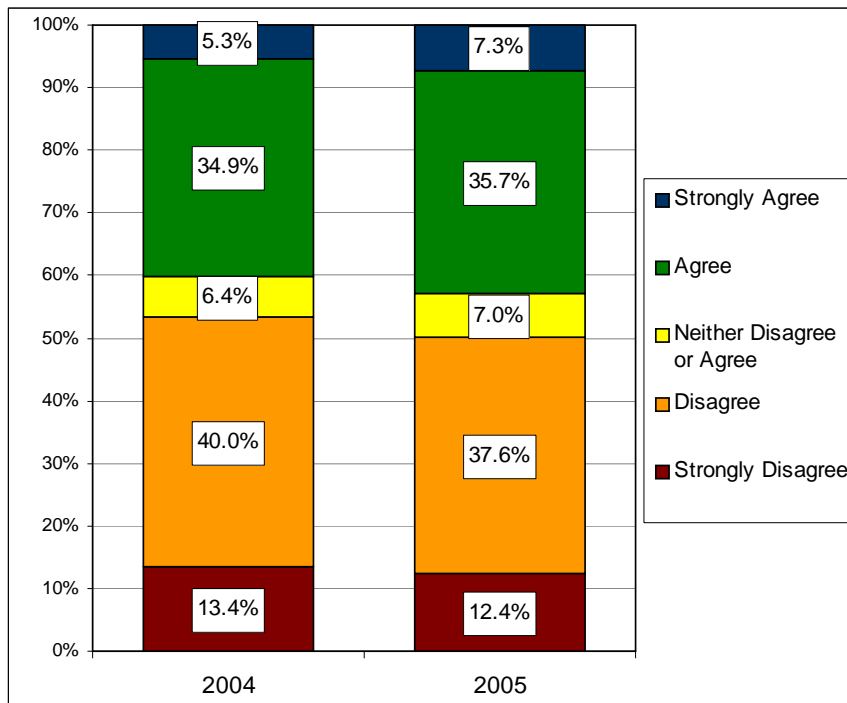
Figure 3.16: “If I could, I would work more”: Agreement Level, by Year



3.3.4 “I just want to work the minimum amount to keep (or get) my Medicaid benefits.”

Figure 3.17 shows that 43.0% agreed or strongly agreed with the statement, *I just want to work the minimum amount to keep (or get) my Medicaid benefits*, a slight increase from 40.2% in 2004. No-premium members had a higher level of agreement. (Only those respondents familiar with the MEPD program were asked this question.)

Figure 3.17: “*I just want to work the minimum amount to keep (or get) my Medicaid benefits*”: Agreement Level, by Year



3.3.5 Reasons for Wanting to Work (More)

As indicated in section 3.3.1, 34.4% of employed members in 2004 and 31.1% of employed members in 2005 wished to increase their workload during the upcoming year; similarly, 68.8% of unemployed members in 2004 and 57.7% of unemployed members in 2005 wished to work during the next year. Unemployed respondents who wanted to work, and employed respondents who wanted to work more, were asked to rate a series of statements describing their reasons for wanting to work (or work more). Respondents answered on a 5-point response scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). [Statements were slightly different for employed members than for unemployed members]. The data in this section applies only to members who wished to increase their work amount.

In addition, as seen in Figure 3.18, a large majority agreed or strongly agreed with the following statements in 2005:

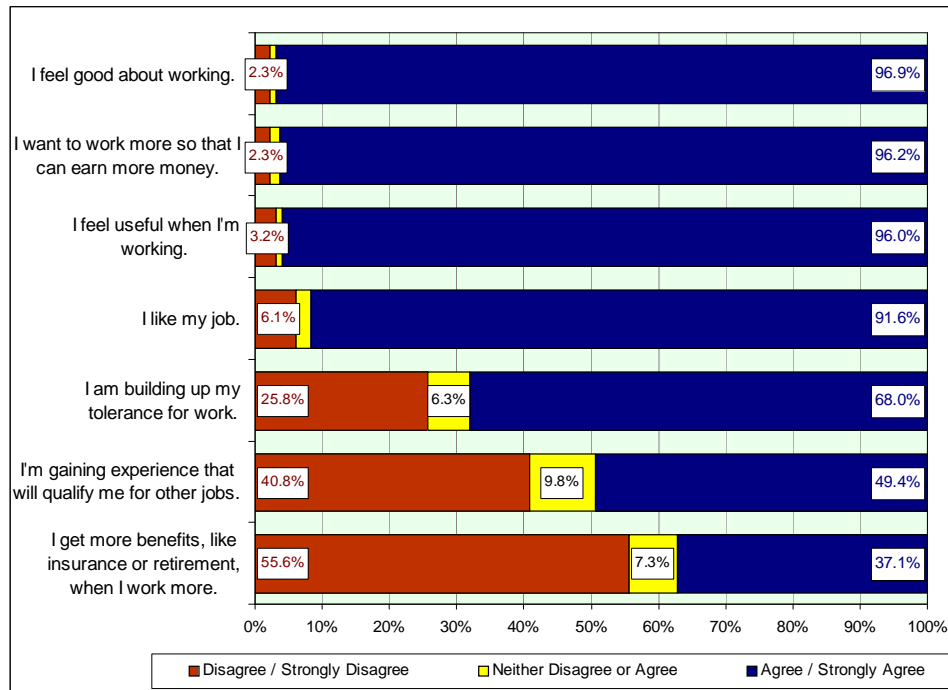
- *I (would) feel good about working.* (96.9% agreed or strongly agreed)
- *I want to work (more) so that I can earn more money.* (96.2%)
- *I (would) feel useful when I'm working.* (96.0%).

On the other hand, there was much less agreement with the following statements:

- *I (would) get more benefits, like insurance or retirement, when I work (more).* (37.1%)
- *I'm gaining (I would gain) experience that will qualify me for other jobs.* (49.4%).

(For ease of viewing, Agree and Strongly Agree have been combined into one category in Figure 3.18, as have Disagree and Strongly Disagree.)

Figure 3.18: *Reasons for Wanting to Work More, 2005*



Among employed members, those paying a premium had a significantly higher level of agreement than those not paying a premium with these statements:

- *I like my job.* (98.0% vs. 87.4%)
- *I'm gaining experience that will qualify me for other jobs.* (53.8% vs. 35.8%)
- *I get more benefits, like insurance or retirement, when I work more.* (43.5% vs. 26.4%).

(These results are not shown separately.)

Aside from the above statements, respondents were also asked to mention any additional reasons for wanting to work (or work more). Several respondents indicated that working gives them something to do. Several others mentioned the social aspects of working, such as being around other people. For example, one respondent reported that s/he was “bored to tears, wants to get a real job and get back to working where there are people.” Another wanted to work more in order “to be less isolated and improve self-esteem, and make people contacts, and to improve [her] financial situation.” The full list of verbatim responses can be found in Appendix C. Figure 3.19 shows the breakdown of the responses to this question.

Figure 3.19: *Other Reasons for Wanting to Work More, 2005*

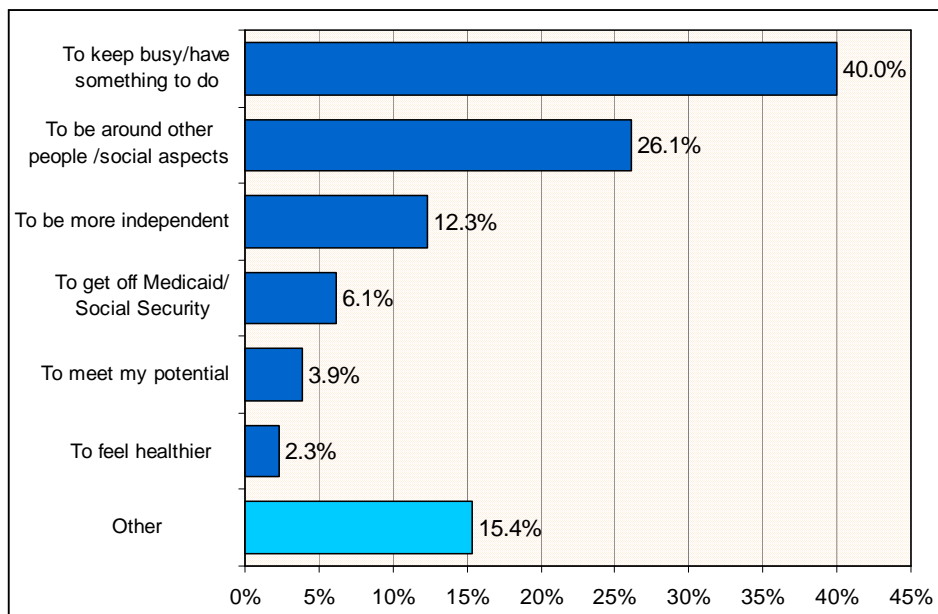
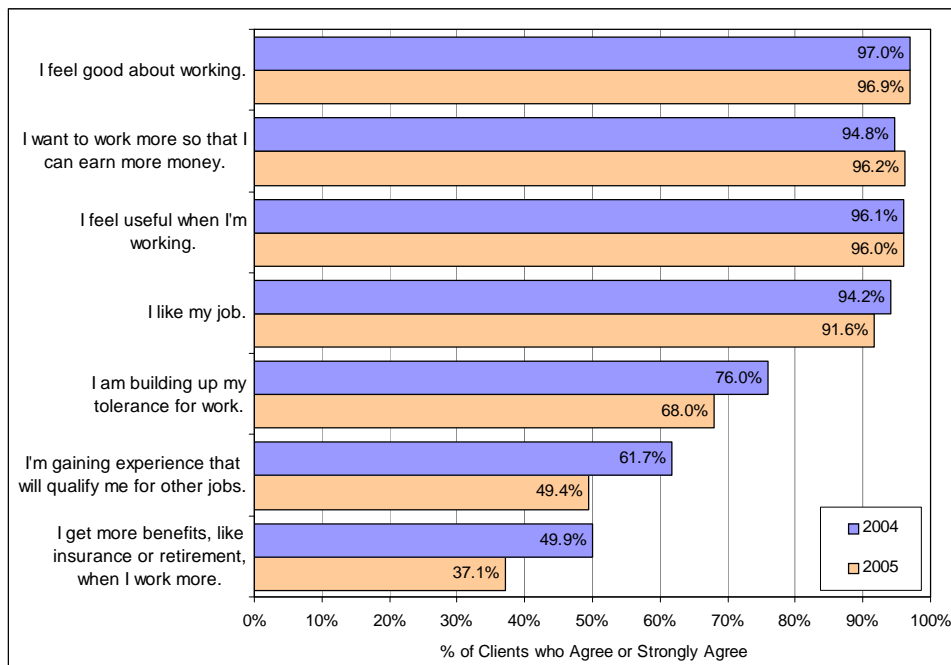


Figure 3.20 shows the percent of members who agreed or strongly agreed to each statement for 2005 compared to 2004. Notable year-to-year differences include:

- *I (would) get more benefits, like insurance or retirement, when I work more.* (49.9% agree or strongly agree in 2004; 37.1% in 2005).
- *I'm gaining (I would gain) experience that will qualify me for other jobs.* (61.7% in 2004; 49.4% in 2005).
- *I am building (would be able to build) up my tolerance for work.* (76.0% in 2004, 68.0% in 2005).

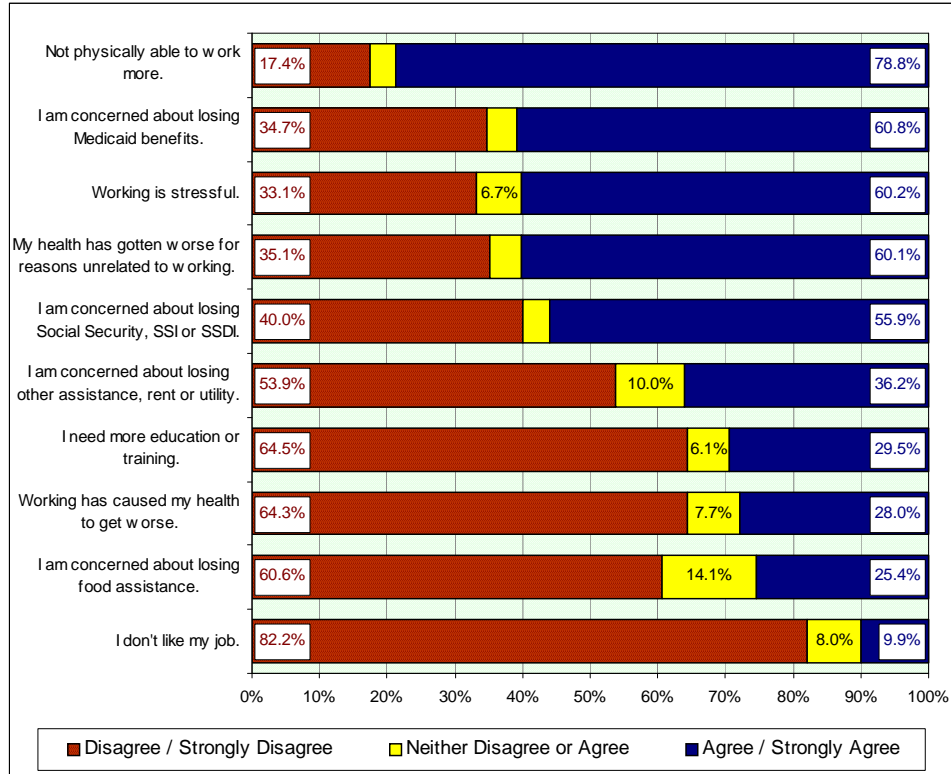
Figure 3.20: *Reasons for Wanting to Work More, by Year*



3.3.6 Reasons for Not Wanting to Work (More)

In 2005, as indicated in section 3.3.1, 65.7% of employed members wished to keep the same number of work hours over the next year, and an additional 3.2% wished to decrease their work hours, while 42.3% of unemployed members did not wish to work during the next year. Members who were not working and didn't want to work, or who were working and did not wish to increase their hours, were asked to rate a series of statements describing their reasons for not wanting to work (or work more). Respondents answered on a 5-point response scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). [Statements were slightly different for employed members than for unemployed members].

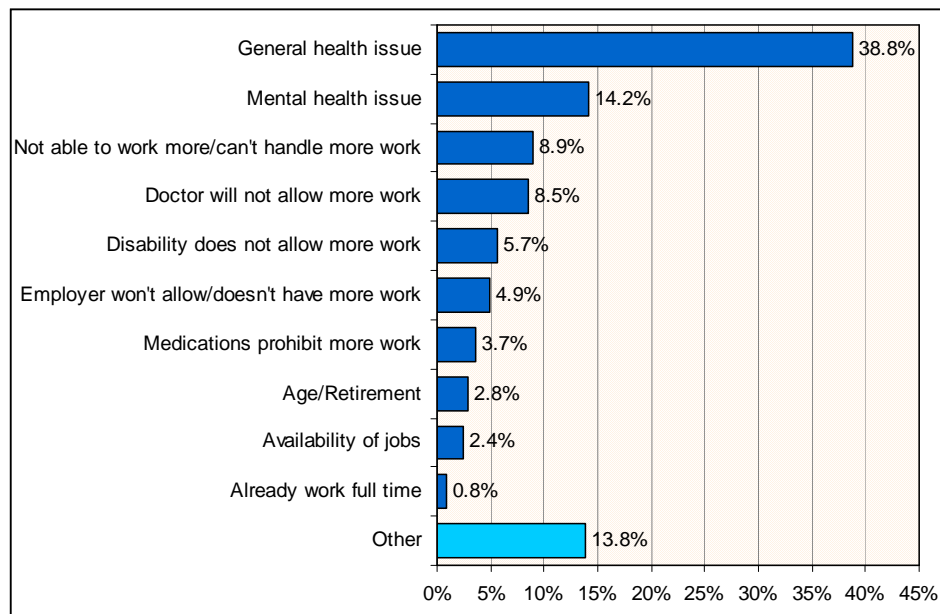
As seen in Figure 3.21, the highest level of agreement was with the statement *Not physically able to work more* (78.8% agree or strongly agree), while only 9.9% agreed or strongly agreed with the statement, *I don't like my job / I didn't like previous jobs*.

Figure 3.21: *Reasons for Not Wanting to Work More, 2005*

It should be noted that, for the statement *I am concerned about losing food assistance*, a relatively high percentage of respondents (7.2% in 2005, 8.1% in 2004) either refused to answer or did not know their level of agreement.

Aside from the above statements, this set of respondents was also asked to mention any additional reasons for not wanting to work (or work more). More than a quarter of them offered additional reasons. Most had to do with general health issues and other limitations such as doctor's orders. For example, one respondent replied, "A health crisis came up; until that's stable I want to keep my hours to a minimum." Another said "My doctor is advising against working because my medications make me drowsy." A few respondents indicated that they didn't want to work more because they don't deal well with other people. The full list of verbatim responses can be found in Appendix C. Figure 3.22 shows the breakdown of the responses to this question.

Figure 3.22: *Other Reasons for Not Wanting to Work More, 2005*

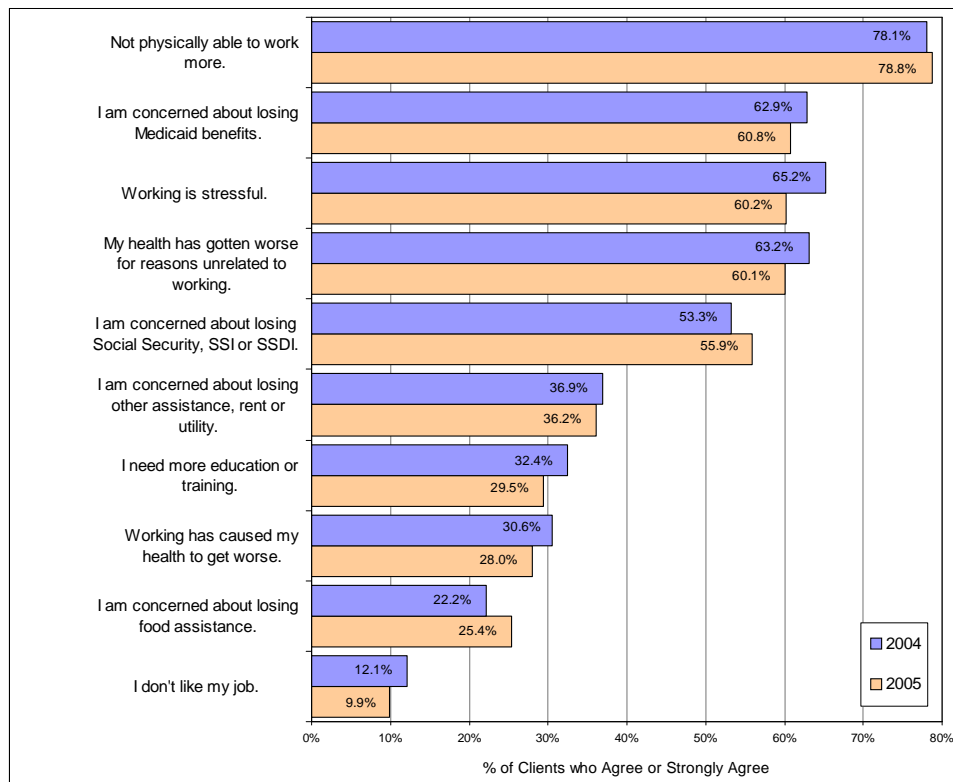


No-premium members were more likely to cite concerns over losing food assistance as a reason for not wanting to work (work more) – 29.1% agreed or strongly agreed, compared to 11.0% of premium payers. They were also slightly more likely than premium payers to cite not being able to physically work more, at least among the currently employed (80.2% compared to 72.2%). On the other hand, no-premium members were less likely than their premium-paying counterparts to agree or strongly agree

with the statement, *I am concerned about losing Social Security, SSI or SSDI* (54.0% compared to 63.1%). Among those not working, premium payers tended to be somewhat more concerned than no-premium members about losing other assistance, rent or utility. (These results are not shown separately.)

Figure 3.23 shows the percent of members who agreed or strongly agreed to each statement for 2005 compared to 2004. Results from 2005 are very similar to those of 2004 with no major differences.

Figure 3.23: *Reasons for Not Wanting to Work More, by Year*



3.4 Employment Barriers

All respondents were asked to rate a series of items in terms of how much of a barrier (or advantage) the items were when getting and keeping a job. The results are shown in Figure 3.24.

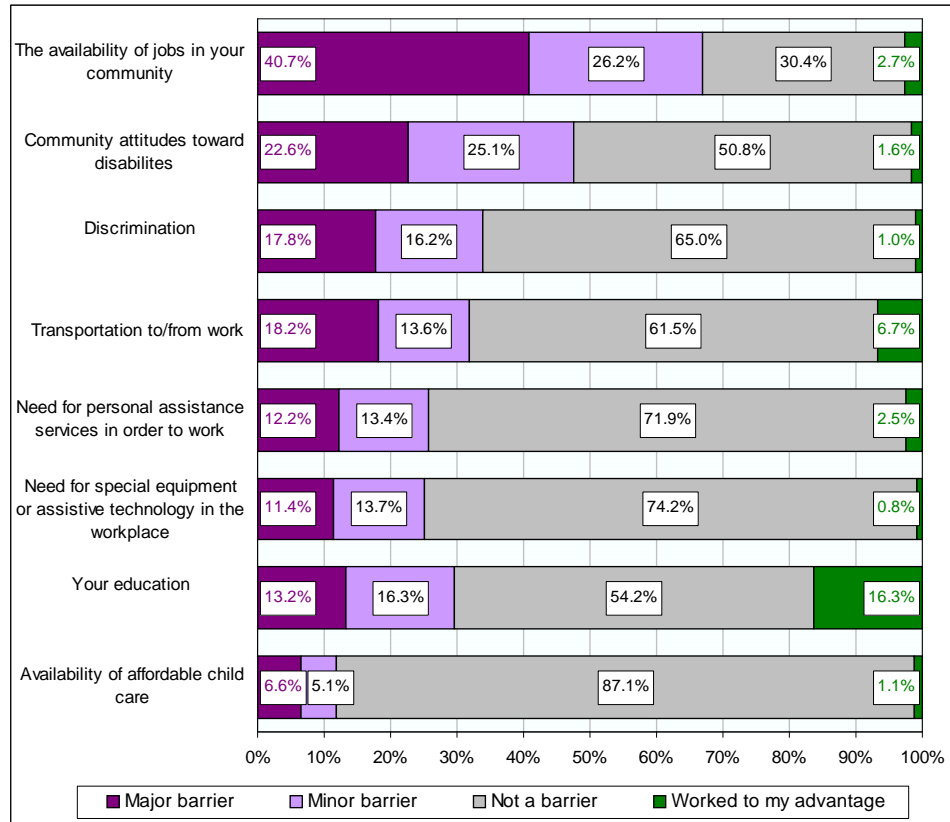
The biggest barrier in 2005 was the availability of jobs in their community (a major barrier for 40.7% of members, and a minor barrier for an additional 26.2%).

Another big barrier was community attitudes toward disabilities (a major barrier for 22.6% of members, and a minor barrier for an additional 25.1%). Furthermore, more than one-third of 2005 members (34.0%) felt that discrimination was at least a minor barrier to employment. On a similar question in the 2004 survey, 21.7% said that they had faced discrimination in seeking or keeping work.

Nearly one-third of 2005 members (31.7%) felt that transportation to or from work was at least a minor barrier to employment. On a similar question in the 2004 survey, 29.7% said that transportation was an issue for them in seeking or maintaining a job.

By comparison, only 6.6% felt that the availability of affordable childcare was a major barrier to getting and keeping a job, with an additional 5.1% reporting it as a minor barrier. And nearly one in six (16.3%) felt that their education was an advantage when it came to getting and keeping a job, including 20.6% of premium-paying members. (On a similar question in the 2004 survey, 75.2% said that they had sufficient education and training for their job goals.)

It should be noted that the question regarding childcare had a “Don’t Know”/ Refused rate of 7.3%.

Figure 3.24: *Barriers to Employment, 2005*

3.5 Work and Medicaid

3.5.1 “The MEPD program allows me to work.”

When respondents familiar with MEPD were asked how much they agree with the statement, *The MEPD program allows me to work*, 94.8% said they agree or strongly agree (up slightly from 94.6% in 2004). See Figure 3.25.

Figure 3.25: “The MEPD program allows me to work”: Agreement Level, by Year

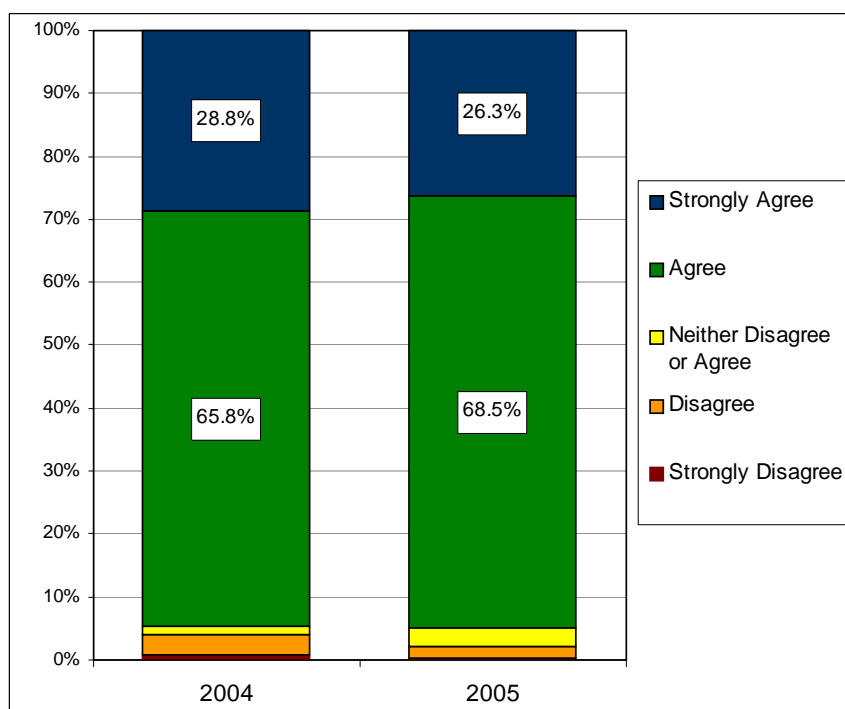
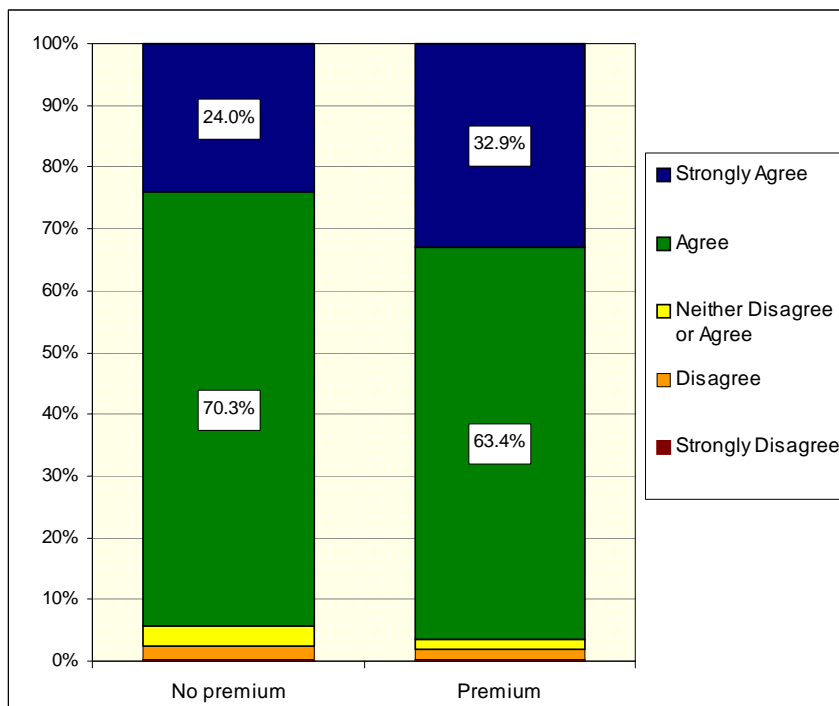


Figure 3.26 shows that premium payers were more likely to strongly agree than no-premium members.

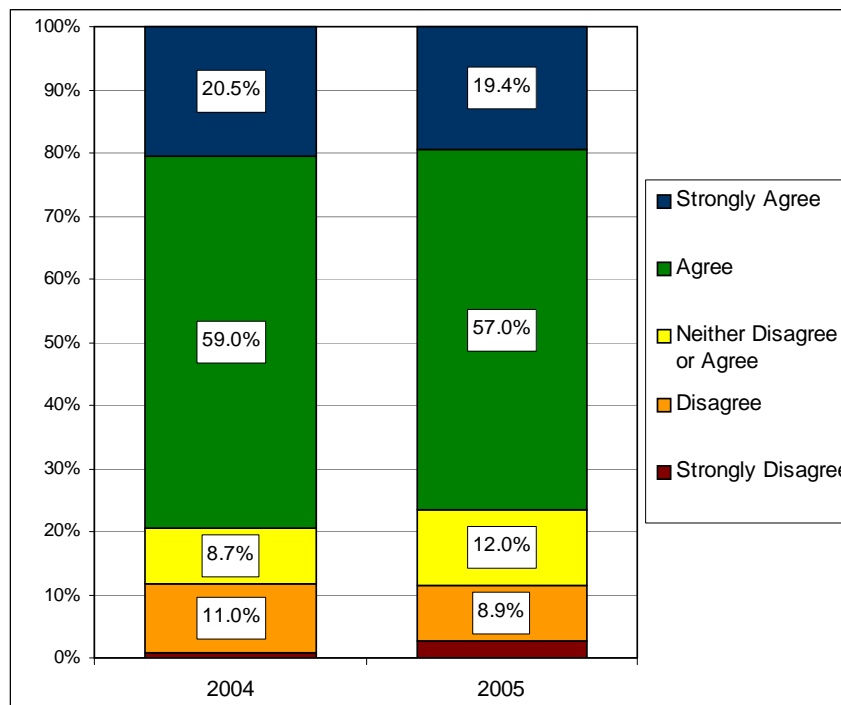
Figure 3.26: “The MEPD program allows me to work”: Agreement Level, 2005, by Strata



3.5.2 “The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs.”

Respondents familiar with MEPD were also read the statement, *The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs.* Over three-fourths of both the 2004 and 2005 respondents agreed or strongly agreed with this statement (79.5% in 2004; 76.4% in 2005), shown in Figure 3.27. It should be noted that numerous respondents answered *Don't Know* (one out of five respondents in 2005; one out of four respondents in 2004). They were not included in the above calculations.

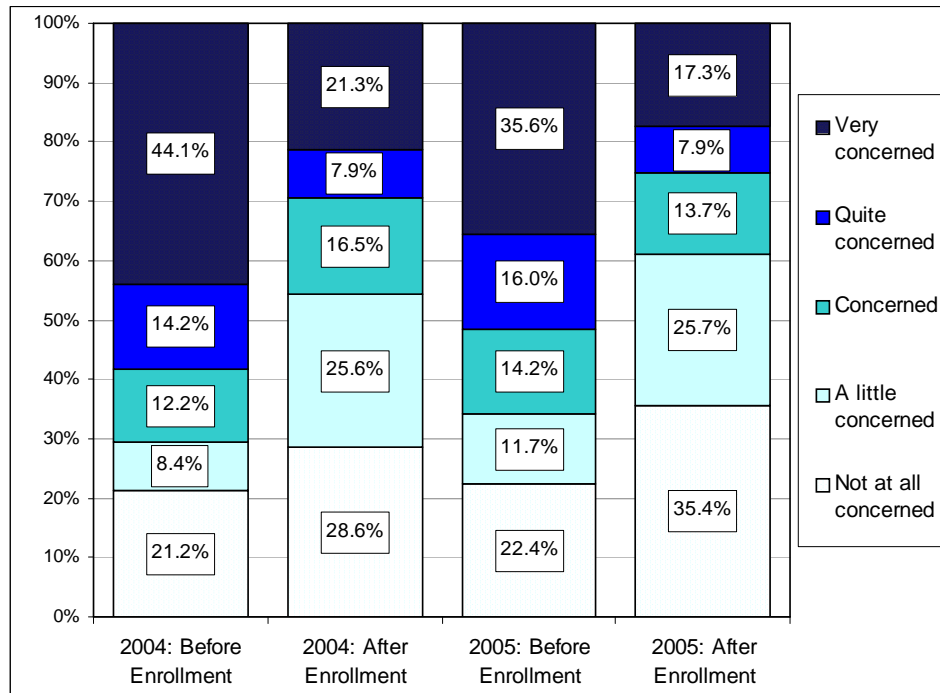
Figure 3.27: “The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs”: Agreement Level, by Year



3.5.3 Medicaid Eligibility Concerns

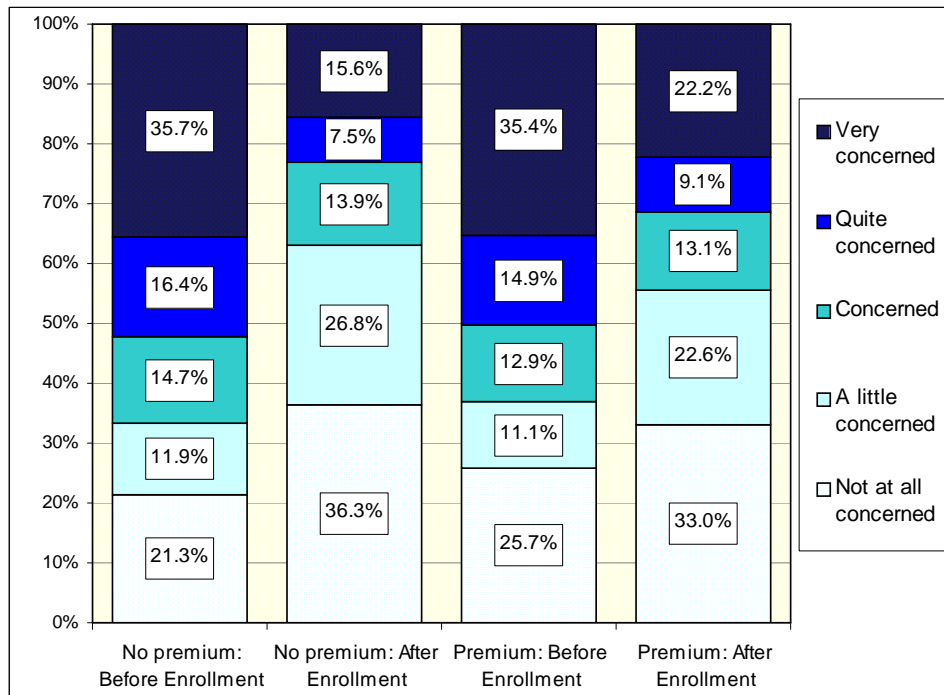
Members familiar with MEPD were asked to indicate how concerned they were that employment would hurt their Medicaid eligibility. Over half (51.6%) reported that they had been quite concerned or very concerned before enrolling in the MEPD, a significant decrease of 6.7% from 2004. After enrollment at the time of the survey, only one-quarter (25.2%) were quite or very concerned, another significant decrease of 4.0% from 2004. See Figure 3.28.

Figure 3.28: *Concern regarding Medicaid Eligibility: Before and After Enrollment, by Year*



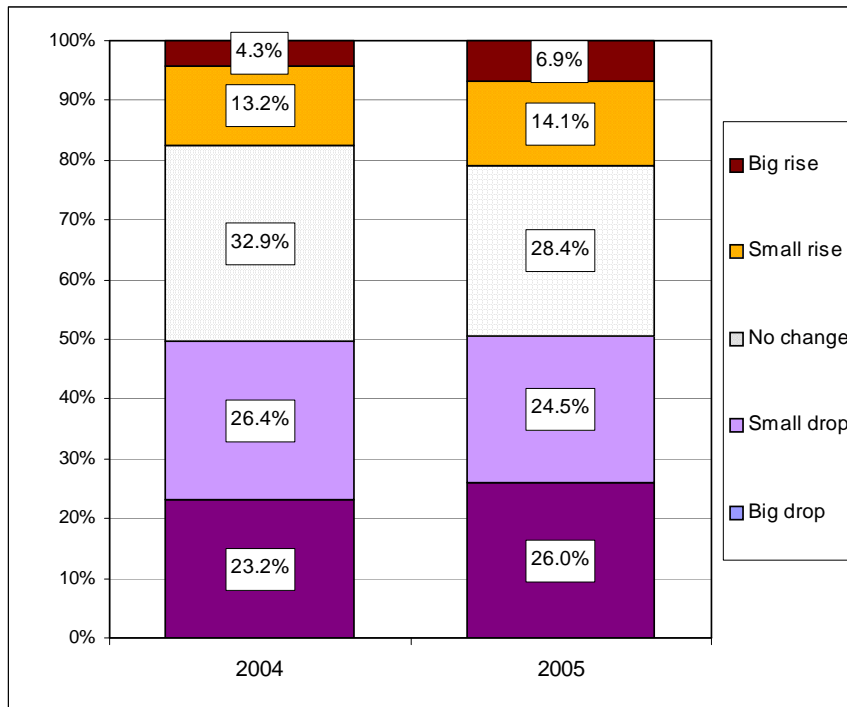
Among the 2005 respondents, the current level of concern was slightly higher among members paying a premium than among those not paying a premium. See Figure 3.29.

Figure 3.29: *Concern regarding Medicaid Eligibility: Before and After Enrollment, 2005, by Strata*



Comparing concern level prior to enrollment with concern level after enrollment for the 2005 survey respondents, about half (50.5%) indicated that they were less concerned at the time of the survey than they had been prior to enrollment, as illustrated in Figure 3.30. This is very similar to the 49.6% of the 2004 respondents who felt this way. However, the percent of respondents who had a rise in concern increased from 17.5% in 2004 to 21.0% in 2005.

Figure 3.30: *Change in Concern regarding Medicaid Eligibility: Before and After Enrollment, by Year*

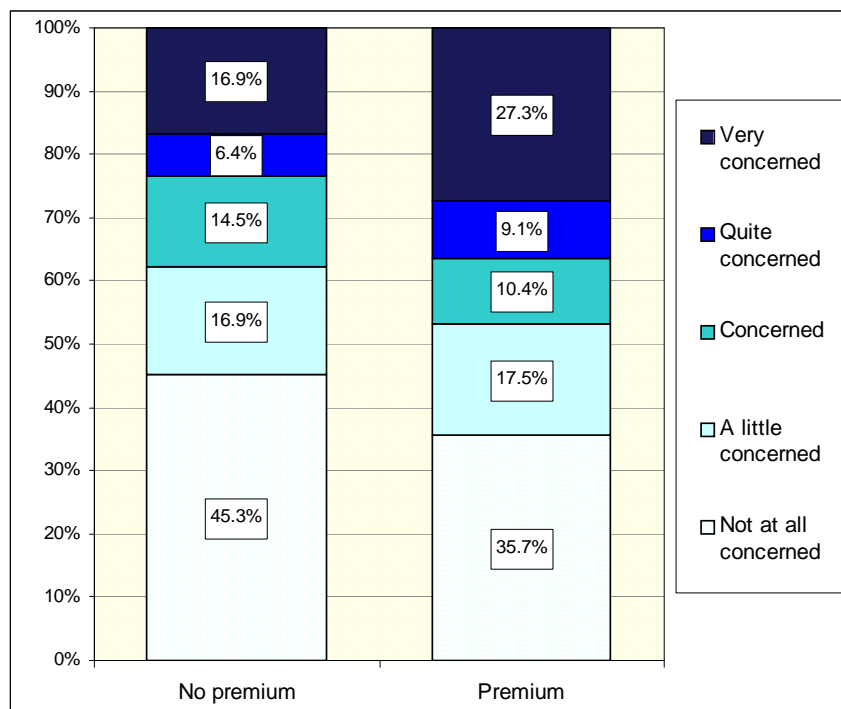


Among those starting out very concerned about losing Medicaid, no-premium members exhibited a bigger drop than premium payers in their level of concern after MEPD enrollment. (*Not shown*)

3.5.4 Social Security Benefit Concerns

Similarly, employed respondents familiar with MEPD were asked how concerned they were about losing Social Security benefits because they work. Slightly more than one-quarter (26.6)% felt quite concerned or very concerned that they will lose their Social Security benefits due to working. As seen in Figure 3.31, there was a large difference depending on whether the respondent pays a premium: 36.4% of premium-paying members indicated they were quite concerned or very concerned, compared to 23.3% of no-premium respondents.

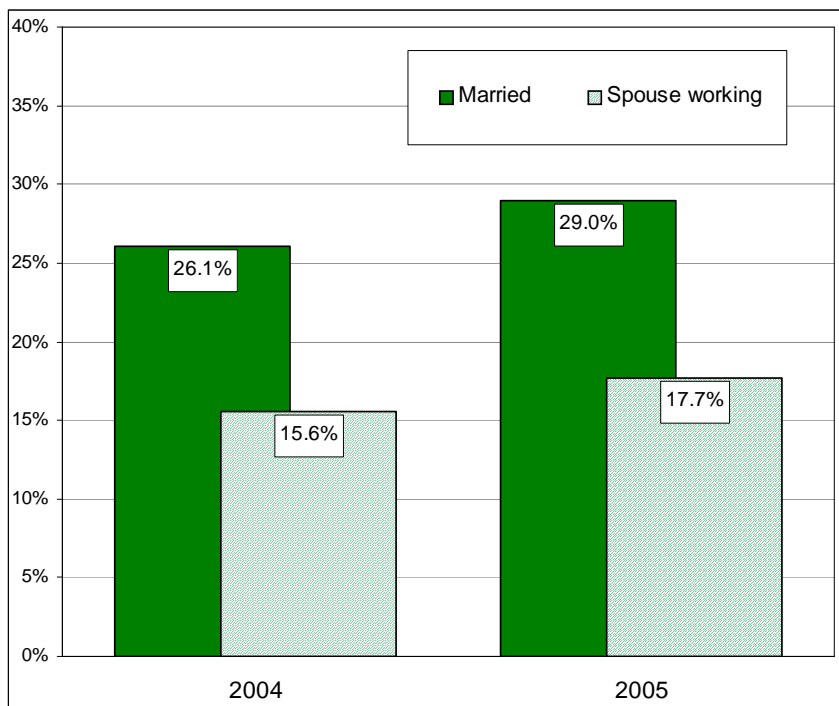
Figure 3.31: *Concern regarding Social Security Benefits, 2005, by Strata*



3.5.5 Member Spouse Employment

As mentioned in section 2.3.6, the percentage of MEPD participants who were married was 29.0% in 2005, and 26.1% in 2004. Members who reported being married were asked if their spouse was working in a job for pay. In 2005, 61.2% of married members (or 17.7% of all members) had a spouse who was working for pay. In 2004, 59.7% of married members (or 15.6% of all members) had a spouse who was working for pay. Figure 3.32 presents the percentage of all members who were married, as well as the percentage of all members whose spouses were currently working.

Figure 3.32: *Marital Status and Employment of Members' Spouses, by Year*



Of the members who indicated that their spouses were working in a job for pay, 28.3% of both the 2004 and 2005 respondents indicated they were concerned that their spouses' earnings could jeopardize their Medicaid benefits.

Section 4

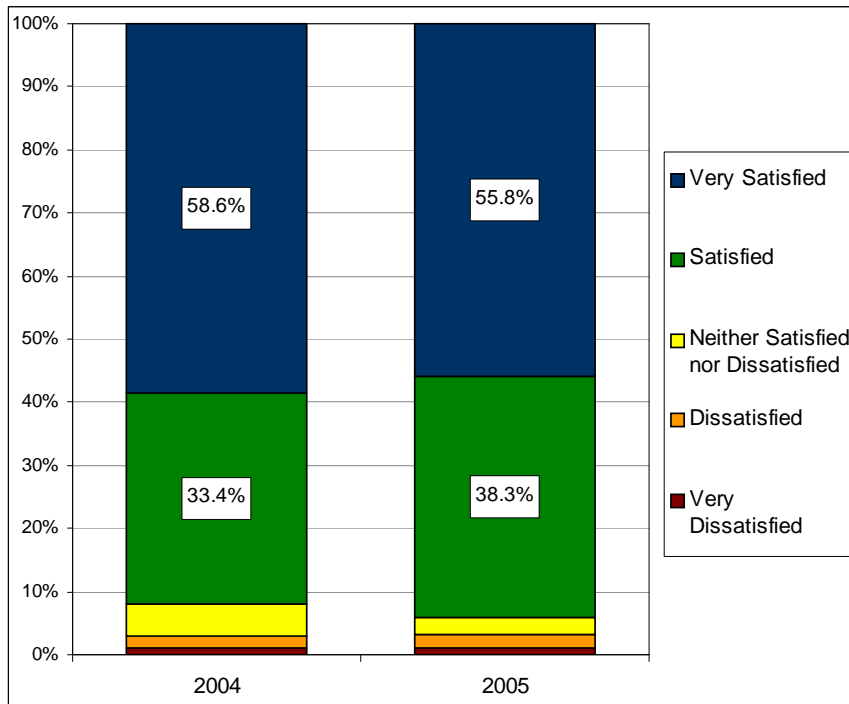
Member Satisfaction with MEPD

Results in this section apply only to members familiar with MEPD, unless otherwise noted.

4.1 Overall Satisfaction

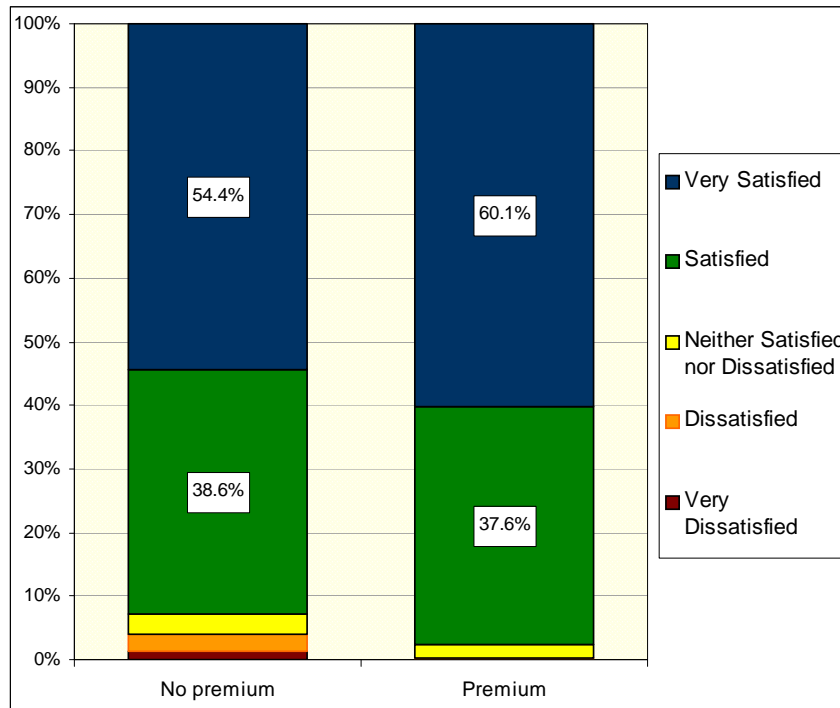
After review of the MEPD Program Evaluation surveys for 2004 and 2005, several key indicators suggest similarities between those years. Of primary interest is the members' overall satisfaction with the MEPD program. Members were asked to rate their degree of satisfaction on a five-point scale (Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied, or Very Satisfied). On the 2005 survey, 94.2% of members answered either Satisfied or Very Satisfied. This is a slight increase from 2004, when this measure was 92.0% (see Figure 4.1).

Figure 4.1: *Overall Satisfaction with the MEPD Program, by Year*



In addition, level of overall satisfaction in 2005 for members paying a premium was slightly higher than for members not paying a premium. For premium-paying members, 97.7% answered that they were satisfied or very satisfied, compared to 93.0% of members who were not paying a premium (see Figure 4.2).

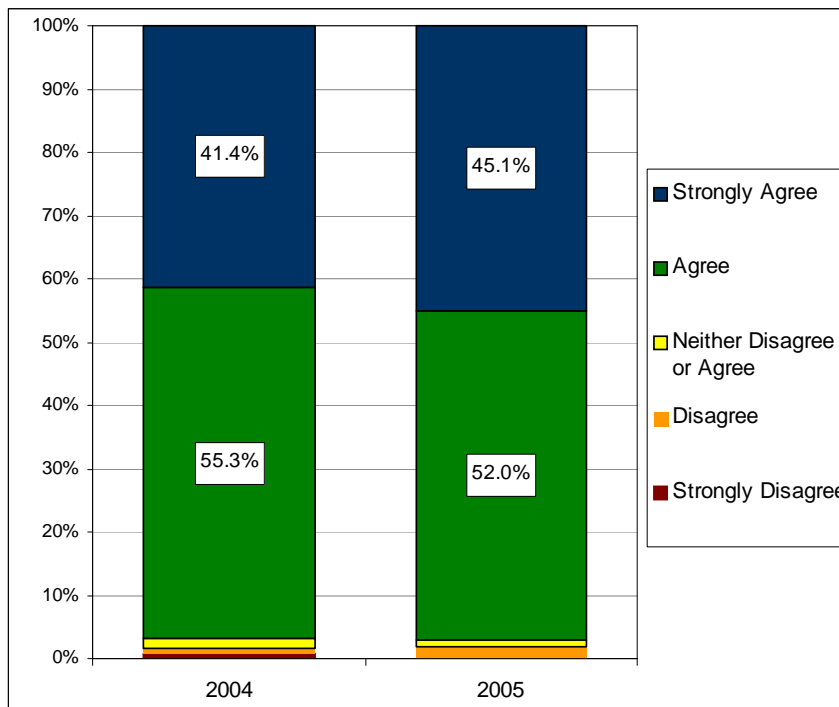
Figure 4.2: *Overall Satisfaction with the MEPD Program, 2005, by Strata*



4.2 Likelihood to Recommend

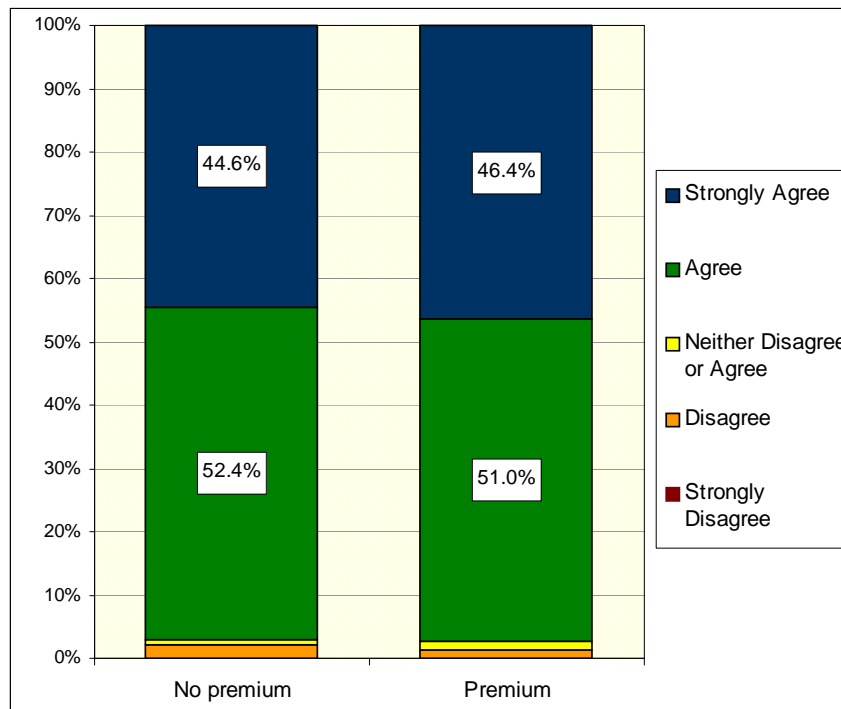
Another important measure is whether members would recommend the MEPD program to others. Approximately 97.1% of members agreed or strongly agreed with the statement *I would recommend the MEPD program to other people with a disability*. This is virtually no different from the 96.8% from the 2004 survey (see Figure 4.3).

Figure 4.3: “*I would recommend the MEPD program to other people with a disability*”: Agreement Level, by Year



As shown in Figure 4.4, members paying a premium were basically just as likely as members not paying a premium to recommend MEPD to others in 2005.

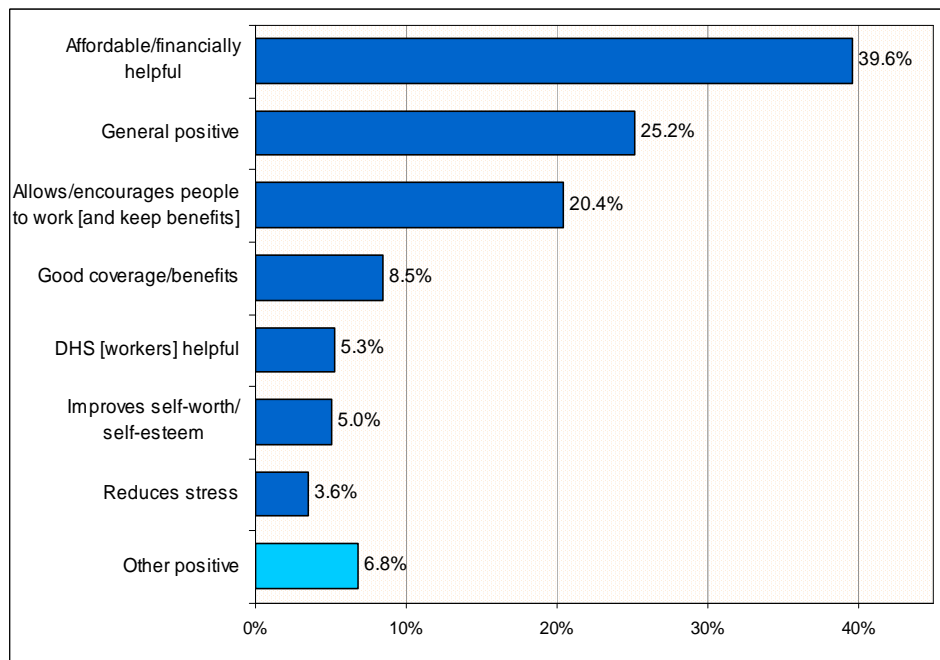
Figure 4.4: “I would recommend the MEPD program to other people with a disability”: Agreement Level, by Strata



4.3 Positive Comments

All respondents were asked to comment on anything they liked about the MEPD program. More than half (57.5%) provided such feedback. Of the open-ended comments received, many had to do with the program's affordability and money-saving aspects. Many respondents also liked the fact that the program allows and encourages members to keep working. See Figure 4.5.

Figure 4.5: *Member Likes About MEPD, 2005*



The following are a few examples of what members liked about MEPD:

- “I definitely like that I can earn my part and still receive the medical coverage that I need.”
- “It (MEPD) saved me a lot of money. I don’t know what I would have done without it.”

- “Without MEPD assistance there’s no way I could afford the prescriptions and medical expenses. It really takes the worrying away financially. It helped me survive my medical disabilities.”

For a breakdown of the positive comments, see Figure 4.5 and to see all verbatim responses see Appendix C.

Section 5

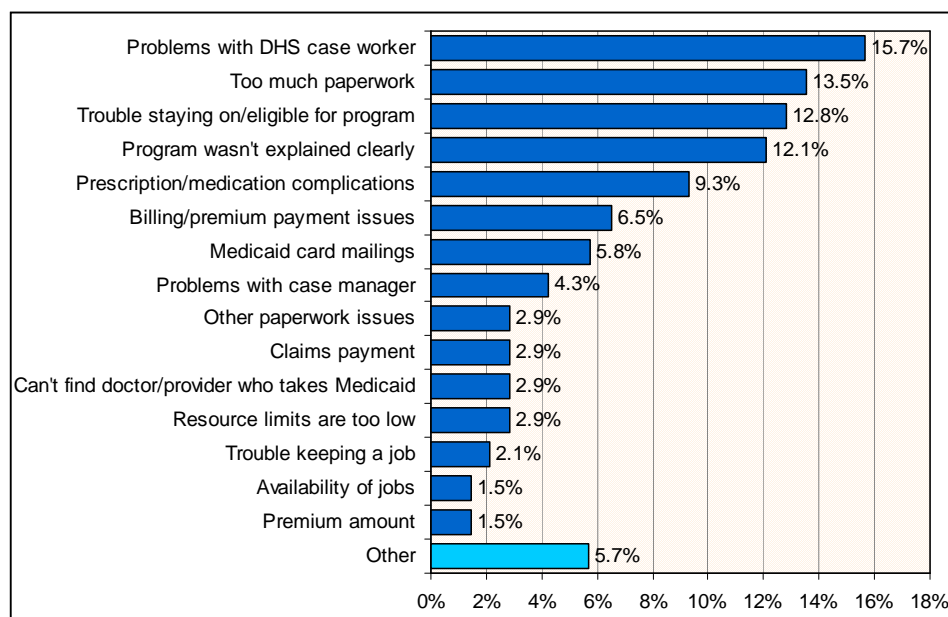
Member Problems and Suggestions

5.1 Types of Problems with MEPD

When asked whether problems were experienced, 9.6% of the 2005 members answered yes. This is a decline from 2004, when 13.2% of members experienced problems. Many problems had to do with the amount of paperwork, the DHS case worker, and unclear explanations of the program. Availability of jobs accounts for a smaller percentage of problems in 2005 than it did in 2004. See Figure 5.1 for a breakdown by type of problem.

Premium-paying members reported more trouble with billing, payment, and Medicaid card issues than no-premium members. (*Not shown*)

Figure 5.1: *Types of Problems with the MEPD Program, 2005*



5.2 Suggested Improvements

All respondents were also asked to comment on anything they would like to see improved about the MEPD program. Around one-third (32.6%) gave feedback. The major themes in these comments were: explain the program more clearly and publicize the program more. Many mentioned that they would like increased coverage or benefits, and paperwork issues. See Table 5.1 for a breakdown by type of suggestion.

Table 5.1: *Suggested Improvements, 2005*

Type of Improvement	% of responses
More information about/better education of MEPD	23.2%
More publicity/advertising	12.8%
Increase medical coverage/benefits	10.4%
Paperwork issues	8.3%
Allow people to work more/make more money	5.4%
Comment regarding DHS workers	5.2%
Help members find jobs/promote employment	5.2%
Keep covering prescriptions after January 1 / Turning over to Medicare	5.2%
Cover all medications	4.8%
Shouldn't have to work to keep insurance	4.8%
Prem bill/pay	2.2%
Lower premium amounts	2.0%
Open to more people	2.0%
Don't increase premiums if working more	1.1%
Card mailings more timely	0.2%
Other improvements/suggestions	11.1%

Following are several representative comments about improvements:

- “Advertising, tell more people about it because a lot people do not know about the program.”
- “I am not sure what the guidelines are - how much I can earn and how much I can have. The booklet is confusing.”
- “I don’t quite understand the Spend-down program and would like more literature on this. Also, the premium payment I missed I should be able to appeal because it’s not my fault, nobody told me I missed the premium and didn’t receive a notice.”

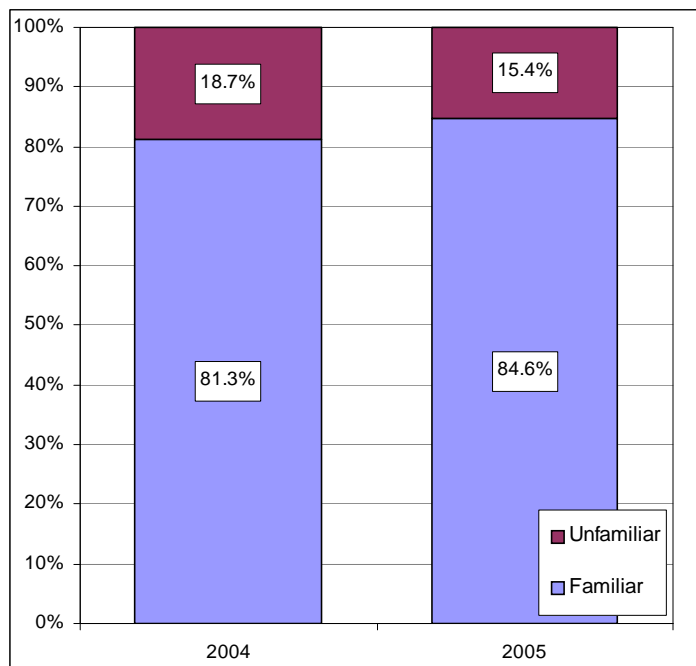
Section 6

Intake and Enrollment

6.1 Familiarity with MEPD

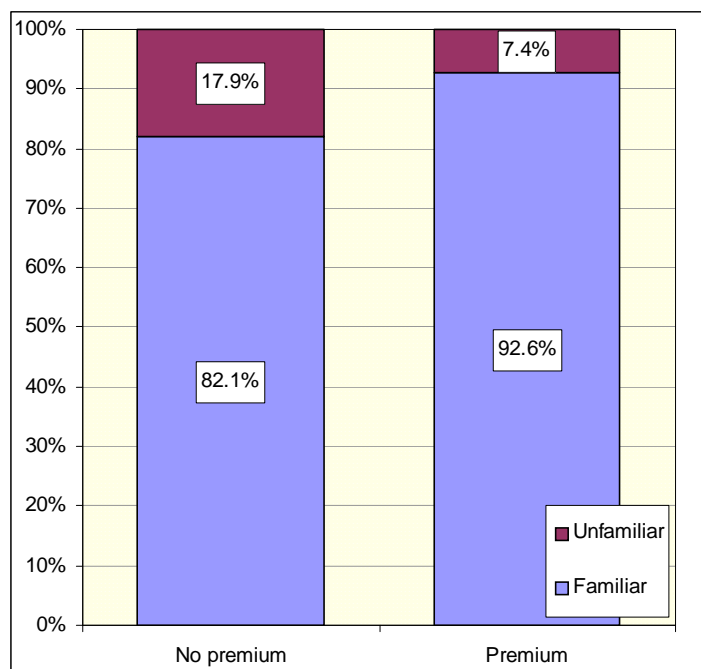
A basic question of the research team is the members' level of familiarity with the MEPD program. After a respondent confirmed that he/she was willing to take the survey, the first survey question was, *Are you familiar with the Medicaid for Employed People with Disabilities, sometimes called M-E-P-D or the "mep-ED" program administered by DHS?* As shown in Figure 6.1, 15.4% of respondents were unaware of MEPD (compared to 18.7% in 2004).

Figure 6.1: *Respondent Familiarity with MEPD Program, by Year*



17.8% of no-premium respondents and 7.3% of premium-payers were unaware of the program. See Figure 6.2.

Figure 6.2: *Respondent Familiarity with MEPD Program, 2005, by Strata*

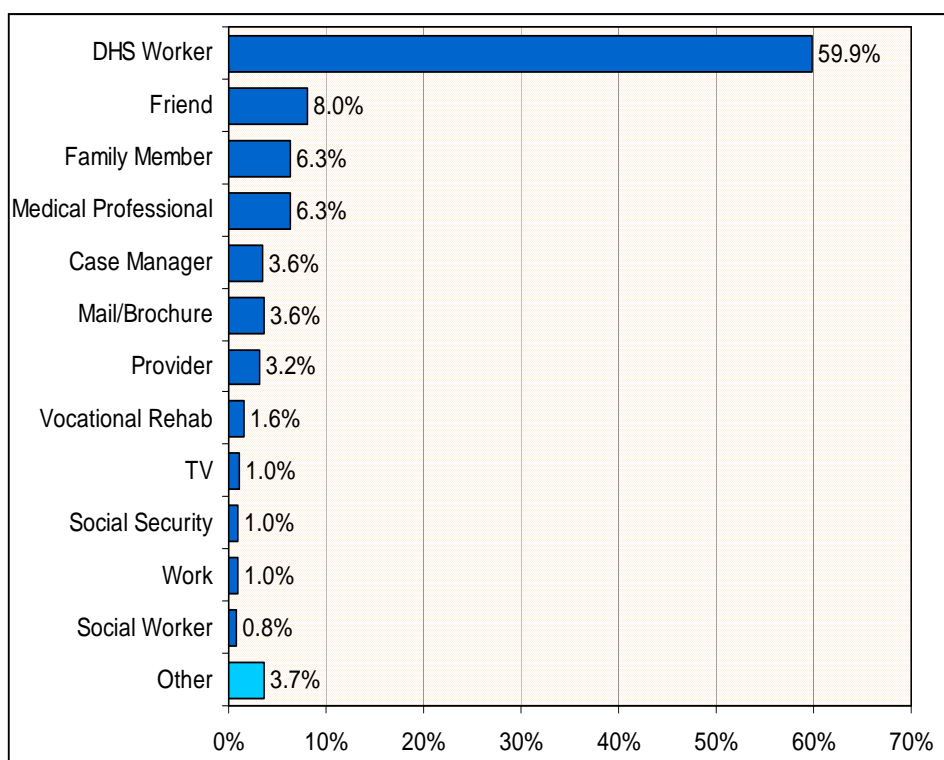


6.2 How Members First Learned of MEPD

Respondents familiar with MEPD were asked how they first learned about the program. The results are shown in Figure 6.3. More than half (59.9%) first heard about MEPD from their DHS case worker or other DHS worker. Many others learned of the program through friends, family, community-based programs, or health care professionals.

Premium payers were somewhat more likely than no-premium members to have found out about MEPD through a provider/community-based program/rehab. (*Not shown*)

Figure 6.3: *How Member First Learned About MEPD, 2005*



6.3 Enrollment Satisfaction

6.3.1 Agreement with Presented Statements

Respondents familiar with MEPD were asked to rate the extent to which they agree with the series of statements regarding the process of enrolling in MEPD. The highest rated attribute was, *The DHS caseworker was helpful*; 87.1% of members agreed or strongly agreed. The lowest rated attribute was, *I understand how much I can earn under MEPD*; nearly 31% of members disagreed or strongly disagreed with this statement. On the 2005 survey, premium payers agreed with the statements, *The rules for MEPD were explained clearly to me* and *I understand how much I can earn under MEPD* more so than members who do not pay a premium.

Figure 6.4 shows the percentage of members who either agreed or strongly agreed with each statement for the years 2004 and 2005. Results are very similar between the two years with the biggest difference being a 5.8% decrease in agreement with the statement *I understand how much I can save under MEPD*.

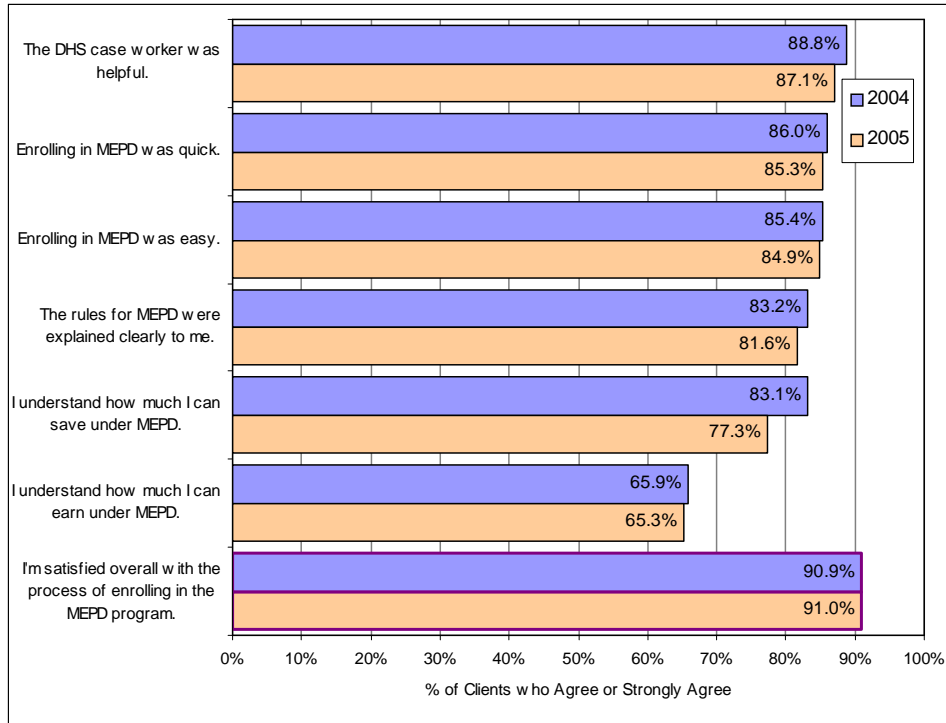
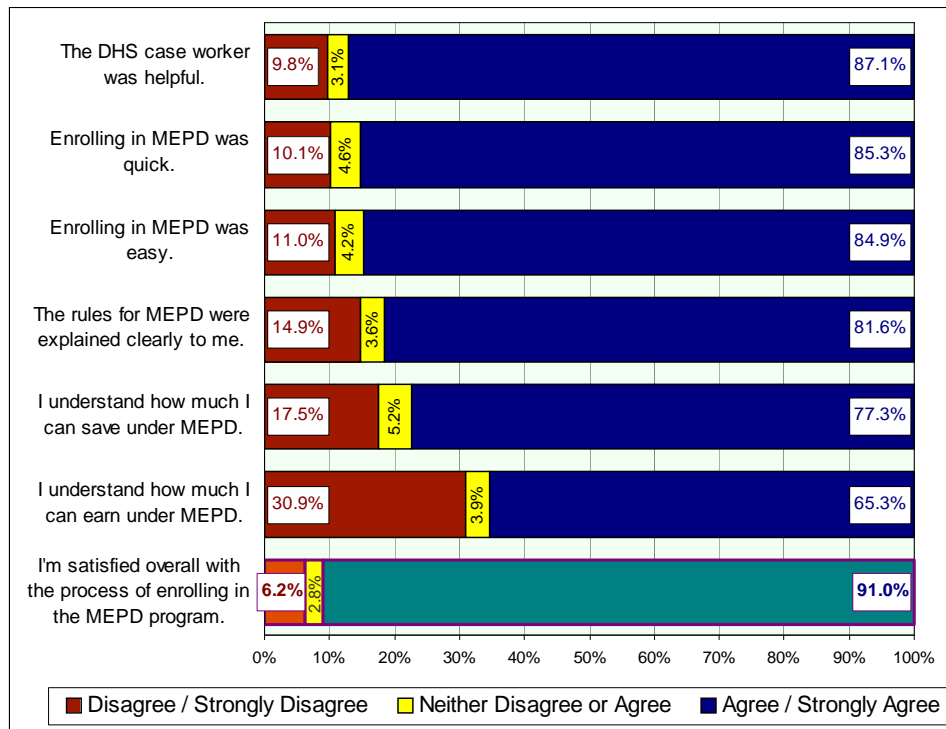
Figure 6.4: *Satisfaction with Enrollment Process, by Year*

Figure 6.5 presents ratings for 2005 respondents on each of these six elements as well as the overall satisfaction with the enrollment process. For clarity, the top two rating categories for each item have been collapsed so that “Agree” and “Strongly Agree” are combined; “Disagree” and “Strongly Disagree” are similarly collapsed.

Figure 6.5: *Satisfaction with Enrollment Process, 2005*



Of the six elements shown above, the one most closely tied in to overall satisfaction in 2005 was, *The rules for MEPD were explained clearly to me*. A close second was, *The DHS case worker was helpful*. In 2004, the helpfulness of the DHS case worker was the element most closely tied in to overall satisfaction. Table 6.1 shows the rankings of how much impact each element had on overall satisfaction in 2005, as well as the rankings from 2004.

Table 6.1: *Drivers of Enrollment Process Satisfaction, 2005*

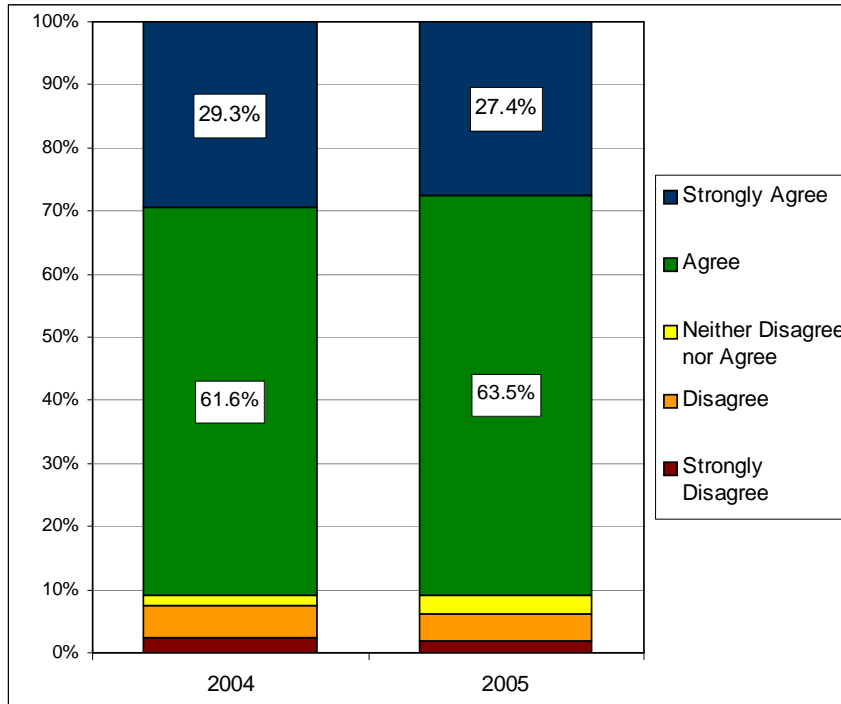
Rank 2005	Element	Rank 2004
1	<i>The rules for MEPD were explained clearly to me.</i>	3
2	<i>The DHS case worker was helpful.</i>	1
3	<i>Enrolling in MEPD was easy.</i>	2
4	<i>Enrolling in MEPD was quick.</i>	4
5	<i>I understand how much I can save under MEPD.</i>	5
6	<i>I understand how much I can earn under MEPD.</i>	6

There are differences based on premium status: among members who pay a premium, the top drivers of overall satisfaction in 2005 were the ease and quickness of enrollment. (*Not shown*)

6.3.2 Overall Enrollment Satisfaction

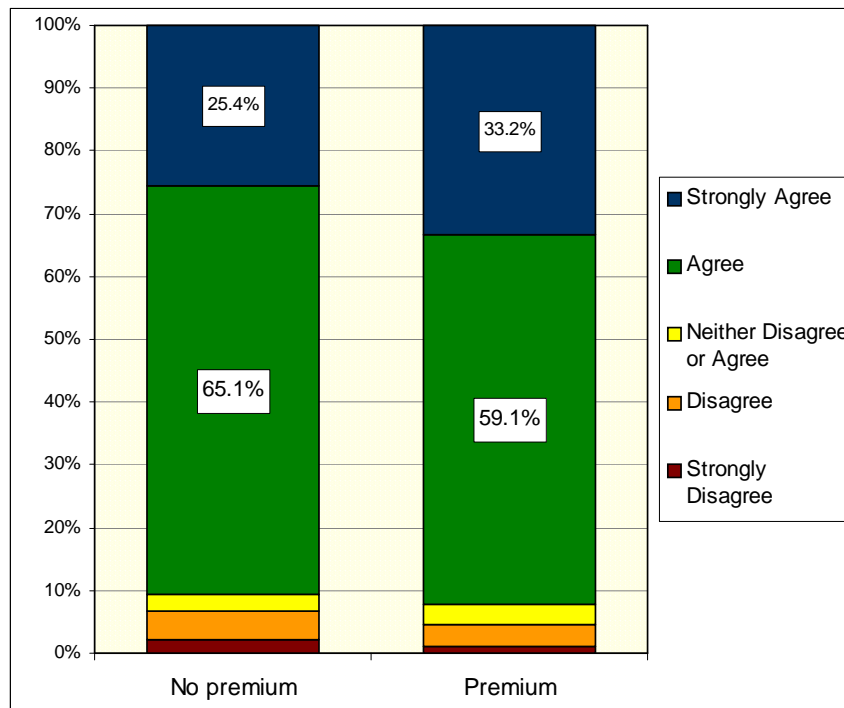
Of members familiar with MEPD, approximately 91.0% agreed or strongly agreed with the statement, *I'm satisfied overall with the process of enrolling in the MEPD program*. This is virtually no different from the 90.9% from the 2004 survey (see Figure 6.6).

Figure 6.6: “*I'm satisfied overall with the process of enrolling in the MEPD Program*”: Agreement Level, by Year



On the 2005 survey, premium-paying members had a slightly higher strongly agree rate at 33.2%, compared to 25.4% for the members not paying a premium, illustrated in Figure 6.7.

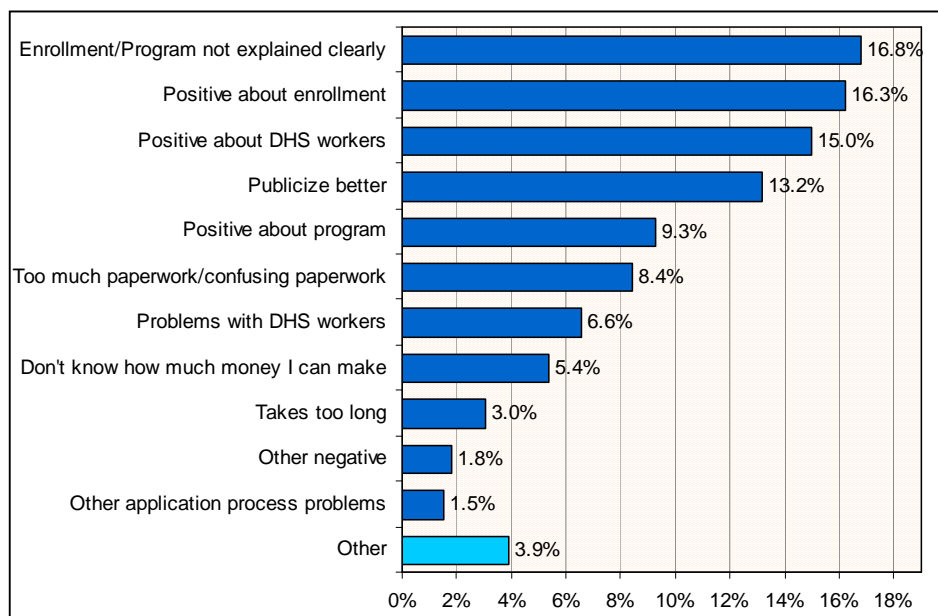
Figure 6.7: “I’m satisfied overall with the process of enrolling in the MEPD Program”: Agreement Level, 2005, by Strata



6.4 Comments on Enrollment

Members familiar with MEPD were also asked for comments on the enrollment process. More than one-fourth (29.1%) gave comments. Of those who gave comments, about 40% were compliments about MEPD or DHS, especially the helpfulness of DHS employees and how easy it is to enroll in MEPD. There were also many comments indicating that the MEPD program was not explained clearly during enrollment, and many respondents also said that the MEPD program should be publicized better. Others expressed dissatisfaction with paperwork, the application process, and DHS itself. See Figure 6.8 for a breakdown.

Figure 6.8: *Member Comments on Enrollment, 2005*



Following is a representative sampling of responses about enrollment. For the complete list of verbatim responses, see Appendix C.

On the complimentary side, one member said that enrollment was “really simple, straightforward and to the point.” Another commented, “Once I was told about it by the supervisor, it was really helpful,” and another said “I had a great worker that answered my questions very well, I don’t always get my paperwork in on time, and she manages to get it processed.”

On the negative side, one member commented, “I enrolled on the recommendation of my caseworker. I didn’t fully understand why I was joining/enrolling in the program”; another said, “I don’t know how much I can earn. I’m having trouble because I don’t know how much I can earn without losing my benefits.” Another felt that “They need to raise awareness about MEPD, there are so many people out there that cannot afford medication payments as is, and NEED assistance,” and one reports, “It took 6 months to get it, and I had nothing to live on during that time.”

Other members offered suggestions, such as, “They should make it easier for fully handicapped people, and develop a program so the totally handicapped can be accommodated.”

Appendix A

Pre-Notice Letter



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
Kevin Concannon, DIRECTOR

Bureau of Research and Analysis
Division of Results Based Accountability
November 15, 2005

«FirstName» «LastName»
«ADDRESS»
«CITY», «STATE» «ZIPCODE»

Dear «FirstName»:

We are conducting a survey of clients who participate in the Medicaid for Employed People with Disabilities (MEPD) program. This survey is sponsored by the MEPD Advisory Committee, a committee of people with disabilities, their family members, and representatives from the Department of Human Services (DHS) and the Employment Policy Group. This committee is responsible for making recommendations to DHS to improve the MEPD program. The advisory committee is working with the Bureau of Research and Analysis at DHS to explore client opinions and thoughts about the MEPD program and about working. You may be randomly selected for this **confidential** telephone survey.

Your Medicaid benefits **will not** be affected at all by choosing to participate or not to participate in the survey. If you are randomly selected, you will be receiving a call within the next few weeks from an interviewer at the University of Northern Iowa's Center for Social and Behavioral Research. This Center is conducting the interviews for the Bureau of Research and Analysis at the Department of Human Services. Our Bureau is administering this survey on behalf of the MEPD Advisory Committee. The interview should take only 15 minutes of your time.

We want to be sure we have your correct phone number. We have it listed as: «phone_number». If this is correct, you need do nothing. If this is **not** your correct phone number, please call DHS at 888-409-0283 to update your records. This is a special toll-free number we have temporarily established only for this survey project.

We want to thank you in advance for participating in this survey. Your participation is very important to us, as we're only able to interview a small percentage of the people in this program. Should you have any questions about this survey please call Elaine Monaghan, who is the MEPD Program Manager for DHS. Elaine can be reached at 888-409-0283 (toll-free).

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew S. Haubrich".

Matthew S. Haubrich, Chief
Bureau of Research and Analysis
Division of Results Based Accountability
Iowa Department of Human Services

Appendix B

Survey Instrument

Iowa MEPD Program Evaluation

INTRO

Hello, my name is _____ and I am calling from the **University of Northern Iowa's Center for Social and Behavioral Research** on behalf of the Iowa Department of Human Services. We are calling about the Medicaid for Employed People with Disabilities, or M-E-P-D, program. Recently the DHS Bureau of Research and Analysis sent a letter to [Respondent Name] indicating that we might be calling. Is [Respondent Name] available?

- 1 = Yes, Speaking **[Go to RESPONDENT]**
- 2 = Yes, coming to the phone **[Go to INTRO2]**
- 3 = No, not available **[Go to INTRO2 and schedule callback]**
- 4 = No, not at this number **[Go to NEWNUM]**

NEWNUM

Do you have a current telephone number that he/she can be reached at?

- 1 = Yes **[Record number. Thank you very much for your help. Hang up. Code 4410, record new number in message]**
- 2 = No **[Thank you for your time. Hang up. Code 4110]**

RESPONDENT

Recently the DHS Bureau of Research and Analysis sent you a letter asking for your cooperation in a research study being conducted on behalf of the Iowa Department of Human Services. **[Go to RECEIVE]**

INTRO2

Hello, my name is _____ and I am calling from the **University of Northern Iowa, Center for Social and Behavioral Research**, on behalf of the Iowa Department of Human Services. We are calling about the Medicaid for Employed People with Disabilities, or M-E-P-D, program. Recently the DHS Bureau of Research and Analysis sent you a letter asking for your cooperation in a research study being conducted on behalf of the Iowa Department of Human Services.

RECEIVE

Did you receive that letter?

- 1 = Yes
- 2 = No **[Go to LETTER]**

READ

Did you read the letter?

- 1 = Yes **[Go to CONFIDENTIALITY]**
- 2 = No

LETTER

I'm sorry you did not get the opportunity to read the letter. It was an explanation of the study and informed you that we might be calling. If you wish, I can read you a brief summary of the letter?

- 1 = Yes, read letter summary **[Go to CONFIDENTIALITY]**
- 2 = No, but continue **[Go to CONFIDENTIALITY]**
- 3 = No, refuses to continue **[Code 2112]**

CONFIDENTIALITY

As I stated earlier this is a study concerning the Medicaid for Employed People with Disabilities, or M-E-P-D, program. Your participation in the study is very important. We are interested in getting information about your experiences with this important program. The Department of Human Services and the MEPD Advisory Committee value your feedback on the program as they examine its impact and recommend changes. Your participation is completely voluntary and your current benefits will not be affected in any way. If we come to any question you do not want to answer, just let me know and we'll move on. Your responses are confidential and will be combined with those of other people and reported only in summary form. The interview takes most people about 15 minutes. If you have any questions about the study, I would be happy to provide a name and phone number for you to call to get more information. I would like to begin the interview now. Is this a good time? **[Go to Q1]**

[CONTACT INFORMATION: Elaine Monaghan at the DHS Financial, Health and Work Supports Division. PHONE: [1-888-409-0283]

Intake and Enrollment Process

- 1) Are you familiar with the Medicaid for Employed People with Disabilities, sometimes called M-E-P-D or the "mep-ED" program administered by DHS?
 - ☐ Yes
 - ☐ No ► *(skip to question 11)*
 - ☐ Don't Know ► *(skip to question 11)*
 - ☐ Refused ► *(skip to question 11)*
- 2) How did you first learn about the program? *(choose one)*
 - ☐ My DHS case worker
 - ☐ Family member
 - ☐ Friend
 - ☐ Benefit planner
 - ☐ Job coach
 - ☐ Brochure
 - ☐ Case Manager
 - ☐ Center for Independent Living or CIL *(pronounced "sil")*
 - ☐ Other _____
 - ☐ Don't Know
 - ☒ Refused

- 3) Now I'd like to ask you a few questions about your enrollment process. I'll read a series of statements, and for each one, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) Enrolling in MEPD was easy. Would you...	1	2	3	4	5	7	9
b) The rules for MEPD were explained clearly to me. Would you...	1	2	3	4	5	7	9
c) The DHS case worker was helpful.	1	2	3	4	5	7	9
d) I understand how much I can save under MEPD.	1	2	3	4	5	7	9
e) I understand how much I can earn under MEPD.	1	2	3	4	5	7	9
f) Enrolling in MEPD was quick.	1	2	3	4	5	7	9
g) I'm satisfied overall with the process of enrolling in the MEPD program	1	2	3	4	5	7	9

- 4) Do you have any comments on the process of enrolling in the MEPD program?

- ☐ Yes **[SPECIFY]**
- ☐ No
- ☐ Don't Know
- ☐ Refused

MEPD Program Evaluation

- 5) I'll now read a series of statements that may describe the MEPD program. Once again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

(If they seem to hesitate on any question, remind respondents that their answers are confidential)

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) The MEPD program allows me to work. Would you...	1	2	3	4	5	7	9
b) The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs. Would you...	1	2	3	4	5	7	9
c) If I could, I would work more.	1	2	3	4	5	7	9
d) I just want to work the minimum amount to keep (or get) my Medicaid benefits.	1	2	3	4	5	7	9
e) I would recommend the MEPD program to other people with a disability.	1	2	3	4	5	7	9

- 6) **Before** you enrolled in MEPD, how concerned were you that you could lose your Medicaid if you worked or got a job? Were you not at all concerned, a little concerned, concerned, quite concerned or very concerned?

1	2	3	4	5	7	9
Not at all concerned	A little concerned	Concerned	Quite concerned	Very concerned	Don't Know	Refused

- 7) Now that you are enrolled in MEPD, how concerned are you that you could lose your Medicaid because you work? Are you not at all concerned, a little concerned, concerned, quite concerned or very concerned?

1	2	3	4	5	7	9
Not at all concerned	A little concerned	Concerned	Quite concerned	Very concerned	Don't Know	Refused

- 7a) Now that you are enrolled in MEPD, how concerned are you that you could lose your Social Security benefits because you work? Are you not at all concerned, a little concerned, concerned, quite concerned or very concerned?

1	2	3	4	5	7	9
Not at all concerned	A little concerned	Concerned	Quite concerned	Very concerned	Don't Know	Refused

8) Have you had any problems with the MEPD program?

- ☐ Yes
- ☐ No ► (skip to question 10)
- ☐ Don't Know ► (skip to question 10)
- ☐ Refused ► (skip to question 10)

9) What sorts of problems have you had? (Wait for respondent to say something, use list to prompt if required. Select all that apply.)

- ☐ Program wasn't explained clearly
- ☐ Availability of jobs
- ☐ Trouble keeping a job
- ☐ Too much paperwork
- ☐ Resource limits are too low
- ☐ Problems with case manager
- ☐ Problems with DHS case worker
- ☐ Can't find doctor or provider who takes Medicaid
- ☐ Other reason _____
- ☐ Don't Know
- ☐ Refused

10) How satisfied are you with the MEPD program? Would you say you are very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied or very satisfied?

1	2	3	4	5	7	9
Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Don't Know	Refused

10a) How would you get medical care if you didn't have this program?

- ☐ Other insurance
- ☐ Free clinic
- ☐ Borrow money
- ☐ Go without
- ☐ Other (specify: _____)
- ☐ Don't know
- ☐ Refused

Attitudes Towards Work

11) Are you currently employed?

- ☐ Yes
- ☐ No ► (skip to question 13b)
- ☐ Don't Know ► (skip to question 13b)
- ☐ Refused ► (skip to question 13b)

12) In an average week, about how many hours do you work?

- ☐ Less than 2 hours
- ☐ 2-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ More than 40 hours
- ☐ Don't Know
- ☐ Refused

13a) During the next 12 months, do you want to increase, decrease, or keep the same number of hours you work now?

- ☐ Increase ► *(skip to question 14aa)*
- ☐ Decrease ► *(skip to question 15aa)*
- ☐ Keep the same ► *(skip to question 15aa)*
- ☐ Don't Know ► *(skip to question 16)*
- ☐ Refused ► *(skip to question 16)*

13b) During the next 12 months do you want to be working?

- ☐ Yes ► *(skip to question 14ba)*
- ☐ No ► *(skip to question 15ba)*
- ☐ Don't Know ► *(skip to question 15ba)*
- ☐ Refused ► *(skip to question 15ba)*

14a) I'll now read a list of statements about why you might want to work more. Once again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I like my job. Would you ...	1	2	3	4	5	7	9
b) I want to work more so that I can earn more money. Would you ...	1	2	3	4	5	7	9
c) I feel good about working.	1	2	3	4	5	7	9
d) I feel useful when I'm working.	1	2	3	4	5	7	9
e) I'm gaining experience that will qualify me for other jobs.	1	2	3	4	5	7	9
f) I am building up my tolerance for work.	1	2	3	4	5	7	9
g) I get more benefits, like insurance or retirement, when I work more.	1	2	3	4	5	7	9

- h) Any other reason?
- ☐ Yes [**SPECIFY**]
 - ☐ No
 - ☐ Don't Know
 - ☐ Refused

[SKIP TO Q16]

14b) I'll now read a list of statements about why you might want to be working. Once again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I would like having a job. Would you ...	1	2	3	4	5	7	9
b) I want to work so that I can earn money. Would you ...	1	2	3	4	5	7	9
c) I would feel good about working.	1	2	3	4	5	7	9
d) I would feel useful when working.	1	2	3	4	5	7	9
e) I would gain experience that would qualify me for future jobs.	1	2	3	4	5	7	9
f) I would be able to build up my tolerance for work.	1	2	3	4	5	7	9
g) I would get more benefits, like insurance or retirement if I worked.	1	2	3	4	5	7	9

- h) Any other reason?
- ☐ Yes [**SPECIFY**]
 - ☐ No
 - ☐ Don't Know
 - ☐ Refused

[SKIP TO Q16]

15a) I'll now read a list of statements about why you might not want to work more than you are now. Again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I am concerned about losing Medicaid benefits. Would you ...	1	2	3	4	5	7	9
b) I am concerned about losing Social Security, SSI or SSDI. Would you ...	1	2	3	4	5	7	9
c) I am concerned about losing food assistance.	1	2	3	4	5	7	9
d) I am concerned about losing other assistance, rent or utility	1	2	3	4	5	7	9
e) Working is stressful.	1	2	3	4	5	7	9
f) I don't like my job.	1	2	3	4	5	7	9
g) My health has gotten worse for reasons unrelated to working.	1	2	3	4	5	7	9
h) Not physically able to work more	1	2	3	4	5	7	9
i) I need more education or training	1	2	3	4	5	7	9
j) Working has caused my health to get worse.	1	2	3	4	5	7	9
k) Any other reason?							
<input type="checkbox"/> Yes [SPECIFY]							
<input type="checkbox"/> No							
<input type="checkbox"/> Don't Know							
<input type="checkbox"/> Refused							

[SKIP TO Q16]

15b) I'll now read a list of statements about why you might not want to work. Again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I am concerned about losing Medicaid benefits. Would you ...	1	2	3	4	5	7	9
b) I am concerned about losing Social Security, SSI or SSDI. Would you ...	1	2	3	4	5	7	9
c) I am concerned about losing food assistance.	1	2	3	4	5	7	9
d) I am concerned about losing other assistance, rent or utility	1	2	3	4	5	7	9
e) Working is stressful.	1	2	3	4	5	7	9
f) I didn't like previous jobs.	1	2	3	4	5	7	9
g) My health has gotten worse for reasons unrelated to working.	1	2	3	4	5	7	9
h) Not physically able to work	1	2	3	4	5	7	9
i) I need more education or training	1	2	3	4	5	7	9
j) Working would cause my health to get worse.	1	2	3	4	5	7	9
k) Any other reason?							
<input type="checkbox"/> Yes [SPECIFY]							
<input type="checkbox"/> No							
<input type="checkbox"/> Don't Know							
<input type="checkbox"/> Refused							

16) Were you working for pay 12 months ago?

- ☐ Yes
- ☐ No ► (skip to question 20)
- ☐ Don't know ► (skip to question 20)
- ☐ Refused ► (skip to question 20)

17) Do you earn more, less, or about the same as you did 12 months ago?

- ☐ More
- ☐ Less
- ☐ The same
- ☐ Don't know
- ☐ Refused

18) Is the amount that you earn per hour more, less, or about the same as it was 12 months ago?

- ☐ More
- ☐ Less
- ☐ The same
- ☐ Don't know
- ☐ Refused

19) Is the number of hours per week that you work more, less, or about the same as it was 12 months ago?

- ☐ More
- ☐ Less
- ☐ The same
- ☐ Don't know
- ☐ Refused

20) I'm now going to read you a list of items. For each item I read, I'd like you to tell me if that item was a major barrier, a minor barrier, not a barrier at all, or something that you think worked to your advantage when you were seeking or maintaining work.

Barrier	Major Barrier	Minor barrier	Not a barrier	Worked to my advantage	Don't Know	Refused
a) Your education level	1	2	3	4	7	9
b) Transportation to/from work	1	2	3	4	7	9
c) The availability of jobs in your community	1	2	3	4	7	9
d) Discrimination	1	2	3	4	7	9
e) Community attitudes towards disabilities	1	2	3	4	7	9
f) Availability of affordable child care	1	2	3	4	7	9
g) Need for personal assistance services in order to work	1	2	3	4	7	9
h) Need for special equipment or assistive technology in the workplace	1	2	3	4	7	9

Health Questions

21) In general, would you say that your health is...

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor
- ☐ Don't know
- ☐ Refused

22) Do you have a disability?

- ☐ Yes
- ☐ No ► (skip to question 26)
- ☐ Don't know ► (skip to question 26)
- ☐ Refused ► (skip to question 26)

23) What do you consider to be your primary disability? (If more than one, ask which one is considered to be primary)

24) In addition to your primary disability, do you have any other medical conditions, impairments or disabilities?

- ☐ Yes
- ☐ No ► (skip to question 26)
- ☐ Don't know ► (skip to question 26)
- ☐ Refused ► (skip to question 26)

25) What other medical conditions, impairments or disabilities do you have?

Background Questions

26) Do you currently ...

- ☐ Live at someone else's home or apartment,
- ☐
- ☐ Live in a group home,
- ☐ A health care facility, institution, hospital or nursing home,
- ☐ **Rent** a home or apartment,
- ☐ Own a home or apartment or,
- ☐ Do you have no permanent residence?
- ☐ Other [OPEN] _____

27) Are you currently married?

- ☐ Yes
- ☐ No ► (skip to question 30)
- ☐ Don't know ► (skip to question 30)
- ☐ Refused ► (skip to question 30)

28) Does your spouse work in a job for which she/he gets paid?

- ☐ Yes
- ☐ No ► (skip to question 30)
- ☐ Don't know ► (skip to question 30)
- ☐ Refused ► (skip to question 30)

29) Are you concerned that your spouse's earnings may make you lose your Medicaid benefits?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

30) Do you have children who live with you?

- ☐ Yes
- ☐ No ► *(skip to question 32)*
- ☐ Don't know ► *(skip to question 32)*
- ☐ Refused ► *(skip to question 32)*

31) Do you have a child with a disability?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

32) What is your current job or what job are you currently seeking?

(Remind respondent that responses are confidential if they seem to hesitate.)

Closing

33a) Do you have any comments on anything you particularly like about the MEPD program?

- ☐ Yes **[SPECIFY]**
- ☐ No
- ☐ Don't Know
- ☐ Refused

33b) Do you have any comments on anything you would like to see improved about the MEPD program?

- ☐ Yes **[SPECIFY]**
- ☐ No
- ☐ Don't Know
- ☐ Refused

34a) We appreciate your participation in this study. When we have completed all interviews, the results will be compiled in a report that will be presented to the MEPD Advisory Committee and DHS policy makers. This will be a public document available from DHS. If you would like, we can send you a summary of the report and information about how to receive a copy.

Would you like to receive a copy of the report summary?

- ☐ Yes
- ☐ No ► (*skip to **Good Bye***)

34b) [INTERVIEWER: VERIFY ADDRESS AND INFORM THE RESPONDENT THAT THE REPORT IS EXPECTED TO BE COMPLETE BY THE END OF NOVEMBER]

NAME
ADDRESS
TOWN
STATE
ZIP

PHONE

Good Bye

That completes the interview. I want to thank you very much for your time and cooperation. You have a nice day/morning/afternoon/evening. Good bye.

Appendix C

Responses to Open-Ended Question

Open-ended responses available in master copy.